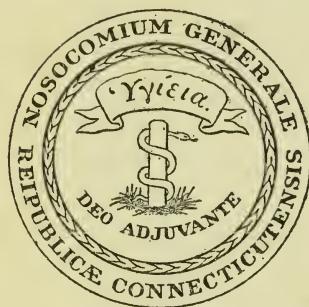


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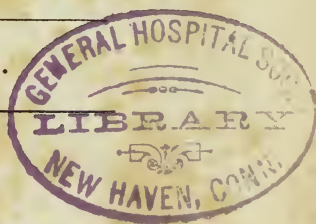
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INDEX TO THE EIGHTEENTH VOLUME.

- ABSCESSES, metastatic, 74
Absorption of bone, singular case of, 363
Advertisements, medical, 193
Albany Medical College, 291, 416
Alcott's work on vegetable diet, 210, 337
Alexander, Dr. E. Case of hydatids in the liver, 37
Alibert, anecdotes of, 77
Amaurosis from plethora, 61
Amputations, 162
Anatomical lectures, college course of, 194
Aneurism, secondary, 178
Anomalous disease affecting a whole family, 62
Aorta, ossification of, 11
Appetite, rabid, case of, 231
Armsby's lectures, notice of, 82
Arsenic, poisoning by, 78
Arteria innominata, anomaly of, 274
Autopsy, interesting, 187
Avon springs, New York, 161
- Bafureira of Cape de Verd, notice of, 307
Barbee, Dr. W. J. Symptomatic hemiplegia, 263
Bartlett, Dr. E. Jr. Poisoning with rhus radicans, 303
Baths, Whitlaw medicated, 97
Bedford's lectures on obstetrics, 66
Bell's Medical Library and Journal, 371
Bemis, Dr. C. V. Case of carcinomatous sarcoma, 120; operation of lithotomy, 169
Bicêtre hospital at Paris, 72
Blind, New England institution for, 98, 101; account of a blind, deaf and dumb pupil, 101, 114
Bloodletting, 363; in Turkey, 115
Bone, absorption of, 322, 365
Books, medical, prices of, 189
Boston Medical Journal, new volume, 16; Society for Medical Improvement, 50; Medical School, 265; cemeteries of, 384; Common in, notice of a work on, 323; Medical Association, 371
Botanical query, 318
Botany, medical, 255
Boyer, notice of, 77
Boylston Medical Society, officers of, 82
Brain, loss of a portion of, recovery, 189
Breath, fetid, cure for, 67
Brown, Dr. John B. on curvatures of the spine, 139, 314
- Calculus, operation for on a female, 110
Cancer, creosote in, 195
Capsicum, 26
Carotid, primitive, ligature of, 67
Carroll White Sulphur Springs, 335
Cemeteries in Boston, 384, 400
Chilblains, ointment for, 67
Cholera in India, 339
Cinchona bark, 258
Circulation and respiration, relation between, 235, 245, 277, 293, 318
- Climate in New York, Massachusetts and Vermont, 387
Coates's Popular Medicine, notice of, 191
Communications, anonymous, 130
Comstock, Dr. Joseph. Case of hydrothorax, 10; case of acute hepatitis, 231, 253
Conception, extra-uterine, case of, 28
Congress, medical doings in, 385
Connecticut, Middlesex County medical meeting, 194; Fairfield County medical meeting, 211; insanity in, 322; Medical Society of, 338
Consumption, pulmonary, 85, 339
Cornea, transplanting of, 95; new method of removing particles of iron from, 18
Cotting, Dr. B. E. Poisoning by arsenic, 78
Cow-parsnip, 122, 155, 255, 286, 319, 416
Creosote, mode of obtaining, 387
Croton oil as an external irritant, 173
Croup, dissertation on, 49; case of, 153
Cupping instruments, 163, 402
Cystoplasty, 354
- Davenport, Dr. E. J. Hypopium from injury of the cornea, 142; laceration of the iris, 261; case of anomalous tumor of the eye-ball, 333; encysted tumor of the eyelids, 413
Degree, medical, first in America, 419
Delafield's address, notice of, 49; extract from, 57
Delirium tremens, on the treatment of, 165
Diet, low, effect on health, 273, 373
Dissections in Paris, 418
Douglas, Dr. G. M. Bony substance found in the heart, 156
Dropsy, remarkable case of, 417; ovarian, case of, 205
Drugs, adulterated, 18
Dubois, anecdotes of, 77
Dupuytren, notice of the life of, 43, 73
- Ear, diseases of, 291
Eberle, Dr. Jolin, obituary notice of, 399
Elephantiasis scroti, 50, 192
Embryotomy, case of, 397
Empiricism, remarks on, 10
Epilepsy, cured by trephining, 144, 320, 326, 345; with gangrene of the lung and tumor of the brain, 46
Erysipelas in hospitals, 162
Eye, new muscle of, 161; manual of diseases of, 162
Eyeball, anomalous tumor of, 333
Eyelid, new, formation of, 130; encysted tumors of, 413
- Fee-bill in Washington Co. N. Y. 50
Fœtus, maternal influences on, 92
Food, natural, of infants, 222
Fossil remains, 131
Foundlings brought up by hand, mortality of, 222
Fractures, 195

- France, English physicians in, 258
 Frost, Dr. H. Cases of anomalous disease, 220, 230
 Fungus hæmatodes, 330
- Gangrenous sores, tannate of lead in, 67
 Geranium maculatum, 122
 Glanders in the human subject, 34
 Gout, treatment of, 175
 Graves's lectures, 66
- Hæmatosis in the infant, 339
 Hall, Dr. Marshall, on tubercle, 5, 21, 53, 106, 117; on prolapsus uteri, 197; on bloodletting, 363; on phthisis, 389
 Hamilton, Dr. C. B. on cow-parsnip, 416
 Havana, sickness in, 322
 Hayward, Dr. George. Trephining for epilepsy, 325
 Health law, 146
 Heart, bony substance found in, 157
 Hemiplegia, symptomatic, 263
 Hepatitis, acute, case of, 231, 253
 Heracleum, botanic description of, 255
 Hernia, retention of by trusses, 190
 Hints for the Young, notice of, 305
 Holmes, Dr. S. Case of epilepsy, &c. 46
 Homœopathy, Dr. McNaughton on, 209
 Hooping cough, assafœtida in, 173
 Hooker, Dr. C. on the respiratory and circulating functions, 235, 245, 277, 293, 318
 Hopkins Medical Association, 338
 Hosmer, Dr. H. Anomalous disease, 62
 Hospital, insane, at Worcester, 112; of midwifery at Berlin, 159
 Hospitals, in Paris, 42, 69; marine, 82; insane, in the United States, list of, 310
 Howe, Dr. L. Case of pneumonia and malformation, 90; case of monstrosity, 91; case of fungus hæmatodes, 330
 Hurd, Dr. P. H. Surgical cases, 109
 Hydatids in the liver, case of, 37
 Hydrosis, malignant, 174
 Hydrothorax, case of, 11; digitalis in, 243
 Hypopium from injury of the cornea, 142
- Iliac artery, external, ligature of, 67; primary, ligature of, 170
 India, diseases in, 211; hook-swinging, 305
 India rubber articles, 96
 Infants, natural food of, 222
 Insane hospitals in the United States, 309
 Insanity, moral, 124
 Invalids, retreat for, 258
 Iris, laceration of, 261, 417
 Iron, hydriodate of, in discharges from the nose, 174
 Iron ores, analysis of, 173
- Jefferson Medical College, 417
 Jewett, Dr. C. on prices of books, &c. 190
- Knife swallowed, without injury, 305
- Labor, pseudo, case of, 329
 Larynx, ulceration of, 389
 Lead, oxide of, soluble in water, 173
- Leeches, scarcity of, 258, 291
 Lime, chloride of, in painful wounds, 323
 Lip, lower, restoration of, 290
 Lithotomy, Dr. Stevens's lectures on, 127; operation on a female, 110, 169
 Liver, case of hydatids in, 37
 London, typhous fever in, 322
 Lowell, mortality in, 34
 Louis, physician of Hotel Dieu, notice of, 43, 75; on tubercle, 8, 21, 53; on phthisis, 391
 Louisville Journal of Medicine and Surgery, 257; Medical Institute, 114, 163
 Lung, absence of, 175; gangrene of, 46
- Magnetism, animal, 403, 418
 Magnetic electrical machine, new, 113, 226
 Malformation, case of, 90
 Marriage, influence of on human life, 127
 Marvin, Dr. L. Loss of a portion of the brain, 189
 Massachusetts General Hospital, officers of, 34; annual report of trustees, 48
 Massachusetts Medical Society, counselors' meeting, 31; by-laws of, 33; annual meeting, 272, 288; officers of, 289
 McLean Asylum for the Insane, 64
 McRuer, Dr. D. on nervous diseases, 201
 Meatus auditorius externus, absence of, 158
 Medical works, new, 17, 66
 Medical journal in New Orleans, 178
 Medicine, in France, England and Germany, 145; new work on the theory and practice of, 129
 Mercury, Dr. Sigmond's lectures on, 133, 149, 181, 361, 379, 408
 Midwifery, lectures on, 17; practice of, 57; statistics of, at the University of Berlin, 159; the Philadelphia System of, 177, 258
 Milk sickness, 387
 Milk from tumors in the axilla, 291; human, 174
 Militia surgeons, 271
 Miscellany, medical, 19, 35, 51, 83, 98, 115, 131, 147, 163, 179, 195, 227, 259, 275, 323, 355, 403, 419
 Missionary service, physicians in, 81
 Monopolies, medical, abroad, 146
 Monstrosity, case of, 91
 Morphia, test of, 67
 Mussey, Professor, removal to Ohio, 353
- Navy, medical appointments in, 115
 Nervous diseases, 201
 Nervous system, 194
 Neuralgia treated by blue pill, 178
 New Hampshire, lunatic hospital in, 370
 New Orleans, Physico-Medical Society, 370
 New York, bill of mortality, 97; transactions of Medical Society, 194; medical prize fund, 210, 371; University Medical school, 339, 401; Medical Society of City and County, 371, 400
 Nose, mineral, manufacture of, 223
- Ohio, Medical College of, 353
 Ophthalmia, on the treatment of, 347

- Ophthalmic quackery, 65
 Opium-eating, 123
 Ovarian tumor, removal of, 19
- Page's new magnetic electrical machine, 113, 226
 Palate, cleft, unsuccessful operation for, 98
 Palmer, Dr. D. Lecture on smallpox and vaccination, 104
 Paris, medical men and hospitals, 42, 69
 Parker, Dr. A. Maternal influences on the fetus, 92
 Partridge, Dr. O. Cranesbill, cow-parsnip and masterwort, 124, 236
 Pathological anatomy, elements of, 83
 Pathology, elements of, a new work, 274
 Pennsylvania hospital, accidents in, 146
 People's Doctor, notice of, 402
 Philadelphia, mortality of, 98
 Philosophy, medical, treatise on, 335, 385
 Phrenology, lectures on, 371
 Phthisis, tubercular, 5, 21, 53, 85, 106, 117, 389
 Physick, Dr. P. S., obituary notice of, 365
 Plague in Persia, 339; in Samos, 402
 Plethora, amaurosis from, 61
 Plica polonica, 418
 Pneumonia, in children, 306; kermes mineral in, 354; with malformation, 90
 Potass, hydriodate of, 130
 Practice, medical, 274
 Professorship, vacant, 305
 Puerperal sore mouth, questions, 16
 Pupil, artificial, 271
 Purgatives, Dr. Sigmond's remarks on, 411
- Queen of England, her physicians, 49
- Respiration of the new-born child, 173
 Respiratory and circulating functions, relation between, 235, 245, 277, 293, 318
 Rheumatism, acute articular, 213
 Rhinoplastic operation, 129, 211
 Rhode Island Medical Society, 401
 Rhus radicans, remedy for poison of, 303
 Richmond, Va., medical college at, 354
 Rodgers, Dr. D. L., compliment to, 227
- Salivation, violent, acetate of lead for, 195
 Salpêtrière hospital, at Paris, 70
 Sarcoma, carcinomatous, in the arm, 120
 Sarlandiere's anatomical plates, 402
 Scarifying instruments, 339
 Schools, medical, 243; in the Valley of the Mississippi, 275
 Senex. Remarks on capsicum, 26
 Skull, human, power of resistance in, 369
 Smallpox, Dr. Palmer's lectures on, 83, 104; among the Indians, 114; decrease of mortality from, 178
 Soap, oxygenated, 210
 Soda, chloride of, for poisoning, 303
 Soda water, 401
 Spina bifida, case of, 109
 Spine, curvatures of, 139, 314
 Spleen, case of excision of, 175
 Steam, death by, 157
 Sugg, Dr. E. C. Vaginal tumor, 332
 Sulphuric acid, poisoning by, 307
 Summer diseases, 401
 Surgery, ramping, 111
- Teeth, diseases of, 385, 418; varieties in deviation of, 405
 Tennessee, Medical Society of, 320
 Thacher, Dr. James, on cow-parsnip, 155
 Ticknor's Medical Philosophy, 335, 385
 Tobacco, 35
 Toothaker, Dr. S. A. on medical botany, 255
 Transylvania university, 66
 Trephining for epilepsy, 144, 320, 326, 345
 Triplets, case of, 66
 Trowbridge, Dr. A. Gun-shot wounds, 341
 Trusses, by Dr. Chase, 51, 190; by Dr. Corbett, 304
 Tubercles, Dr. Marshall Hall's lectures on, 8, 21, 53, 106, 117, 389; M. Louis's remarks on, 8, 21, 53, 389; in children, 387
 Tumor, anomalous case of, 230; of the brain, 46; in the vagina, 332; of the eye-ball, 333; ovarian, removal of, 19; encysted, of the eye-lids, 413
 Turkey, medicine in, 224
- Ulcers, lecture on, 357
 Uterus, congenital retroversion of, 270
 Uterus, prolapsus of, new operation for, 197; bandage for, 291; radical cure of, 354
 Utero-abdominal supporter, 210
- Vaccination, influence on whooping cough, 67; Dr. Palmer's lecture on, 104; value of, 172, 242, 354; simultaneous, 130
 Varieties, or anomalous diseases, 220, 230
 Vegetable diet, new work on, 352
 Vena cava, inferior, rupture of, 306
 Vertebrae, cervical, luxation of, 30
 Vitreous humor, ossification of, 113
- Ward, Dr. J. Retroversion of uterus, 270
 Ware, Dr. John, on delirium tremens, 165
 Warren, Dr. J. C. Letter from Europe, 42
 Water in Boston, 96
 Wiley, Dr. H. G. on pulmonary consumption, 85
 Williams, Dr. S. W. Case of extra-uterine conception, 28; on geranium maculatum, 122
 Wounds, gun-shot, 341
 Wright, Dr. J. H. Case of amaurosis from plethora, 61; case of croup, 153
- Yandell's address, notice of, 320

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[NO. 1.

DR. MARSHALL HALL ON TUBERCLE.

[THE lectures of Dr. Marshall Hall on the Theory and Practice of Medicine, now in course of delivery at the Webb-street Theatre of Anatomy and Medicine, London, and which are reported in full in the Lancet, are exceedingly valuable and interesting. Were they less voluminous, we should copy them, entire, into the Journal. Such parts will be selected, however, from time to time, as the limits of the Journal will permit, not doubting that they will be read with interest by the profession in this country. We commence with Dr. H.'s remarks on tubercles, the value of which is enhanced by the introduction of some interesting documents from M. Louis, of Paris, not before published.]

Gentlemen:—I have thus given you as *useful* and as *practical* a view of inflammation as possible. I now proceed to do the same in regard to tubercles. After inflammation, tubercle is the most important of the subjects comprised in the theory of medicine, or pathology.

Whilst inflammation frequently constitutes processes of reparation or restoration, and effects those purposes in the most marvellous manner, unaided, or directed by the skill of the surgeon, the tendency of tubercle is always destructive; it arises from a morbid condition of the system; and it issues in devastations of the part or parts affected, which, if internal, ultimately prove fatal.

It is true that inflammation frequently induces the effusion or secretion of serum and pus, which, being fluid, have no tendency to become organized; or the softening or ulceration of parts, which are destructive processes; but, frequently, instead of these, coagulable lymph or albumino-fibrine is deposited, and this substance generally tends to become assimilated with the living solids; the process is one of restoration, or of reparation. Some degree of softening and actual ulceration even may, in this manner, be effectually remedial.

But in the case of tubercle, everything tends to destruction, to disorganization; the tubercle itself, solid at the first, softens and liquefies; the organ in which it is situated, and the system at large, are involved in fatal changes.

This distinction between inflammation and tubercle, and other morbid processes of a similar tendency, has been forcibly insisted on by Lobstein, who has expressed the two modes of action by distinct terms; the first he designates by the term *euplasy*; it obtains in the formation of cicatrix, &c.; the second he terms *cacoplasis*; it leads to deposits

which tend to softening and destruction ; such are tubercle, melanosis, encephalosis, scirrhus, &c. The former is usually a topical affection ; the latter arise from a morbid diathesis of the system, and invade several organs or systems simultaneously.

Tubercle is hereditary, and, doubtless, frequently congenital. It is heterogeneous from the living solid, and incapable of organization.

It is to the works of Bayle and Laennec, of M. Louis and M. Andral, and Dr. Carswell, that we are chiefly indebted for our knowledge of tubercle.

1. *The Causes of Tubercle.*—The causes of inflammation are principally external, and only occasionally constitutional ; the causes of tubercle are almost invariably such as induce a morbid diathesis, a sort of cachexia, through the medium of which tubercle is generated. This diathesis is the result of—1. Hereditary disposition. 2. Cold and damp soil, or air. 3. Insufficient food. 4. Insufficient clothing. 5. Insufficient exercise, air, or light. 6. The depressing passions, 7. Attacks of fever, inflammation, dyspepsia, &c. 8. The use of bloodletting, mercury, &c.

To my account of the immediate *causes* of tubercles, I may add that of the *influence*,—1. Of age. 2. Of sex. 3. Of season, &c.

Innumerable painful facts prove the existence and influence of hereditary disposition to tubercle. The youthful members of a family are frequently affected with tubercles in succession ; in one family the disease may affect the lungs, in another it may affect the mesenteric glands, in several individuals in succession. Tubercles have been found in the lungs of the fœtus.

Tuberculous disease is frequent in cold and damp situations. It is far less so on high mountains, as the Alps, and on sea-coasts. The late Dr. Wells has, however, adduced many interesting facts, which tend to prove that tuberculous disease is little known in localities in which intermittent fever prevails. He attempts to explain this fact on the principle “ that the existence of one disease in the human body, or even a tendency to one disease, often renders it less susceptible of another.” Neither the northern parts of Europe and America, nor the temperate climates of France, Spain, Italy, and Greece, enjoy any immunity from this terrible disease. The inhabitants of the country are less subject to tubercles than those of towns, and especially than those of crowded cities.

It is a prevailing opinion that deficient food and clothing predispose to tuberculous disease. Dr. Withering stated, in a letter to Dr. Beddoes, published in 1793, that butchers are exempt from consumption. It is also generally admitted that the want of exercise and the privation of wholesome air, and of light, have the same baneful influence in disposing to this disease.

That the depressing passions have a similar influence, even when no predisposition to tubercular affection existed, I have recently, alas, had painful evidence, in the case of a near relative. Laennec observes, “ Parmi les causes occasionelles de la phthisie pulmonaire, je n’ai pas

connu de plus certaines que les passions tristes, surtout quand elles sont profondes et de longue durée."

Attacks of fever, of inflammation, of acute dyspepsia, have led to the development of tubercles; the excessive loss of blood, and the influence of mercury, have a similar baneful tendency.

In general, whatever impairs the strength and the tone of the system, favors the formation of tubercle; whilst whatever invigorates and nourishes, operates as a preventive of this direful malady.

Such are the principal circumstances which promote, or obviate, the tendency to tubercle. There are two other conditions of the system which co-operate with this tendency.

The first of these is the youthful age of the patient. Tubercle has, indeed, been observed in the *foetus*, in children less than a year old, and in octogenarians; but it occurs most frequently between the ages of fifteen and fifty. The following table, taken from Bayle, displays the mortality from *pulmonary* tubercle, in the different ages:

Ages.					Deaths.
From	15	to	20	years	10
"	20	"	30	"	23
"	30	"	40	"	23
"	40	"	50	"	21
"	50	"	60	"	15
"	60	"	70	"	8
					<hr/> 100

This agrees very nearly with the subsequent observations of M. Louis as set forth in the following table:

Ages.					Deaths.
From	15	to	20	years	11
"	20	"	30	"	39
"	30	"	40	"	33
"	40	"	50	"	23
"	50	"	60	"	12
"	60	"	70	"	5
					<hr/> 123

Laennec simply remarks, in opposition to the statement of Bayle, that the female sex is more subject to pulmonary tubercle than the male. M. Louis observes that, of the 123 patients of whom the several ages are given in the preceding table, 70 were women and 53 men, and of 43 patients who died of other chronic diseases, tubercles were found in the lungs of 25 women and 15 men; the sums of these two series being 95 and 73.

Season would appear to have little influence on the development and progress of tubercle, if we may judge from the subjoined table of the deaths in 244 cases of phthisis, taken from Bayle; of these—

54	occurred in						Spring
68	-	-	-	"	-	-	Summer
64	-	-	-	"	-	-	Autumn
58	-	-	-	"	-	-	Winter

Having made these remarks on the *causes* of tubercles, drawn from my own observation and reading, I shall now introduce the first part and specimen of an invaluable manuscript, confided to me for this purpose, by my friend, M. Louis, and containing the result of his labors *before* and *since* the publication of his incomparable work upon phthisis :—

“ *Causes.*—The analyses to which I have devoted myself have less enabled me to discover the causes of phthisis than to appreciate certain opinions of authors upon this subject. In studying two orders of facts, the first relating to cases of phthisis, the second to cases of other diseases, in a certain number of which there were tubercles in the lungs, I have found that phthisis is less frequent in men than in women, in the proportion of 55 to 72, a difference of some importance, and confirmed by researches made since the publication of my work on phthisis.

“ Since this publication, too, M. Benoiston, de Chateau Neuf, has analysed a still more considerable mass of facts, taken from the registers of the hospitals of Paris, and has arrived at a similar result, the proportion being, after the age of 15, as 3 to 5.

“ A similar remark applies to infancy before the age of 15. M. Papavoin has found that in 532 children of the female sex, and between 2 and 15 years of age, who died at the Hopital des Enfants, 338, or about two thirds, had tubercles ; whilst in 387 boys, only 210, or 7-13ths, a little more than one half, were so affected.

“ On the other hand, severe pneumonia and catarrh are more frequent in men than in women, nearly in the proportion of 2 to 1, a fact which contradicts the general opinion that inflammations of the lung are the most frequent cause of phthisis.

“ In addition to this I may observe, that in 11 cases of dilatation of the bronchia, of from 2 to 6 years’ duration, in subjects who had not experienced symptoms of phthisis, I found in 8 the mucous membrane of the bronchia of triple or quadruple its natural thickness, of an intense redness, and as if granulated ; in a word, manifestly inflamed ; and yet in the whole 11 cases, 3 only were complicated with tubercles, a proportion similar to that observed in other cases of fatal disease, not phthisical.

“ Emphysema of the lungs is generally accompanied by cough and chronic pulmonary catarrh, which may continue 10, 20, or 30 years, or more, without producing the symptoms of tubercles.

“ Of 44 subjects who died of disease of the heart, whose cases I took at La Charité, 19 had hypertrophy of the right auricle, with or without dilatation, and 29 had a similar affection of the corresponding ventricle ; 6 of the 29 had the pulmonary artery dilated and hypertrophied even to its minutest divisions, a result of the augmented force with which the blood had been propelled along it. Yet of the whole 44 cases, 2 only were affected with tubercles, and these but in small number ; whereas, in 50 cases of cancer of different organs, in patients of the same age, taken at the same time, 11 presented tubercles.

“ Lastly, when we only find tubercles or grey semi-transparent granulations in the lung, the bronchia offer no traces of inflammation. They are only inflamed, with redness and thickening, in cases of excavation,

and then only those branches which are in communication with those excavations. Hence we must conclude, that inflammation is an *effect*, and that, doubtless, of the continual contact of the sputa or contents of the cavities with the bronchial mucous membrane, and not the *cause* of the tubercles.

“On the other hand, of 46 subjects carried off by typhoid fever, 4 presented some tubercles or semi-transparent grey granulations at the summit of the lungs; and these subjects had died from the 25th to the 46th day of the disease, whereas none of those who died before the former period, presented any tuberculous affection. We must thus conclude, that the protracted duration of the disease had contributed to the formation of the tubercles.

“The influence of climate is not so incontestibly proved as is generally supposed, for this proof can only result from calculations, and the materials for these calculations probably exist only at Paris, where the subjects are opened in all the establishments.

“Almost all the monkeys which die at Paris die of tubercles, and it has been concluded that they die from the influence of cold. But before coming to such a conclusion, it would be necessary to ascertain, first, the proportion of tubercles in the monkey tribe in hot climates, and in the second place the influence of a change in habits, nutriment, &c. Almost all the cows kept in stables in Paris are said to die of tubercles; here we cannot suspect the influence of cold.

“A fact already mentioned, viz., the greater prevalence of phthisis amongst women than men, should lead to the same result, for the former are far less exposed to the alterations of heat and cold than the latter.

“Tight stays and other clothing have been considered a cause of phthisis; and this idea has seemed to be supported by the fact just mentioned of its greater frequency among women than among men. But this cause can scarcely be supposed to operate amongst the patients of La Charité, from whose cases I have deduced my conclusions; and we must not forget that phthisis prevails more in the female sex in infancy.

“On the other hand, these latter facts seem to support the ancient idea of the lymphatic temperament being a predisposing cause of tubercles.”

II. *The appearances and changes of Tubercles; the Granulations of Bayle.*—Tubercle, in its simplest and least dangerous form, consists of opaque bodies of a yellowish-white color, of the consistency of very viscid pus, or of cheese, the particles of which have little cohesion—varying in size from that of a millet seed to that of a pea or of a nut—sometimes isolated and globular or oval, sometimes agglomerated into masses of various size and form, sometimes infiltrated into the tissue of the organ in which it is situated, and sometimes surrounded by a distinct cyst.

Tubercle occurs, then, under the following forms principally: 1. The isolated. 2. The agglomerated. 3. The infiltrated. 4. The encysted.

Tubercle appears to be a formation or secretion totally distinct or heterogeneous from any natural or morbid structure; it is inorganizable,

and incapable, of course, of being injected; it is as a foreign body in the midst of the living solid, and there is a constant disposition, in that solid, to effect its solution and discharge from the body.

Bayle has described an appearance in the lungs which he has designated by the term *granulations*; he observes: "The lungs are studded ('farcis,' whence the term used by veterinarians) with miliary, shining, transparent granulations, sometimes marked with brilliant, black points or lines. These granulations appear of the nature and consistence of cartilage; their size varies from that of a millet seed to that of a grain of wheat; they are never opaque, and do not soften. By these characters they are distinguished from miliary tubercles, which have the same magnitude, but are always grey or white, and opaque, and which eventually soften completely.

Laennec is of opinion that these granulations are the first stage of tubercle. M. Louis is of the same opinion. M. Andral, on the contrary, contends that they are merely inflamed portions of the pulmonary lobules. We shall advert to this subject hereafter.

Tubercle appears to be a morbid *secretion*. Its size augments by the addition of fresh particles of the same kind. It at the first infiltrates the texture in which it is found; afterwards it becomes isolated from that texture, except in the case of diffused infiltration. It then becomes infiltrated itself, *softened*, and transformed into a puriform fluid. It acts as a thorn or other foreign body, inducing the secretion of pus in the textures by which it is contained. Eventually, like such other foreign body, it is, if possible, removed from the economy. It then leaves a cavity, an *ulcer*, which, in rare instances, contracts and cicatrizes.

Ordinary tubercles contain about ninety-eight parts of animal, and two parts of saline, matter, viz., the muriate of soda, and the phosphate and carbonate of lime. In some cases they undergo a *calculous* transformation, and they then consist of three parts of animal, and ninety-seven parts of saline, matter. This calculous transformation is observed in the lungs, in the mesenteric glands, &c. It is opposed to softening.

Tubercles are principally developed in the cellular membrane of organs. They may be sub-mucous, sub-serous, intra-muscular; they may occur in the substance of the cerebrum and cerebellum, the liver, the spleen, the kidney, the testis, the absorbent glands, the bones, &c. Tubercle has been seen on the surface of mucous membrane, free from ulceration; in the mucous follicles; and in the lymphatic vessels; in these, and some other cases, it is obvious that other textures beside the cellular membrane, had poured out tuberculous matter.

[To be continued.]

ON EMPIRICISM, AND A CASE OF HYDROTHORAX, WITH OSSIFICATION OF THE AORTA.

[Communicated for the Boston Medical and Surgical Journal.]

THAT in this enlightened age, and in this our well-educated part of the world, we should find whole families *infidels* as to regular-bred physi-

cians, and firm believers in empiricism and empirical poisons, is one of those anomalies least to be looked for, but yet to be found. There is still in the world the *great* vulgar, who ought long ago to have soared above the *little* vulgar, who, strangely reckless of their own health, have ever pestered the medical profession. But we find the former still treading the same murky and marshy path, without mounting the road of life, that is well paved, well lighted, and void of the poisonous exhalations of the shores of the dead sea. The notion that no systematic course of medicine is to be pursued, but that a single prescription, of pill or powder, is to remove all the *ills that flesh is heir to*, and that at once, is one of the absurdities which at present prevails. As well might the farmer adopt a like hasty notion, and dig up his seed at the end of the day, or the week, because it had not produced a crop. They remind us of the child who cries for its apple to be roasted and cooled before it has been long enough at the fire to be warmed.

There is certainly a deficiency or falsity of education among us, which calls for a philosophic, systematic, and energetic amendment. The managers of the public press, who very properly exclude an advertisement of the intoxicating potation, and of the infidel publication, admit whole columns recommending nostrums, catholicons, panaceas, and all kinds of quack medicines; the general reading of which tends to derange the public mind and lead it astray from science, biasing it to place a reliance, when sickness shall weaken the reasoning powers, upon inert or pernicious drugs and compounds—and having, likewise, the immoral tendency of teaching the reader that miraculous powers reside in the manufacturing doctor or his vaunted specific, when it is in fact pernicious or inert. There is such an intimate connection between the mind and body, that if the one is unsound the other is not healthy.

We view infidelity in the regular-bred and scientific physician, as pernicious to health, as is the lack of faith to morals. The foundation of a belief in nostrums is fallacious and immoral, as conflicting with the great order of events, and the whole plan of creation. It is an evil wide spread, overwhelming and monstrous, for which the community is more culpable than the quacks. It assumes the principle that health can be retained without care, sickness removed without science, and remedies prove efficient without any kind of adaptation to the case.

We were led into this train of reflections by the death of a valuable citizen, Mr. H., who with his family were everything in society that he and they ought to have been, except a reliance upon quack doctors and their trash, in cases of sickness. Mr. H., for more than two years, had been subject to falling suddenly down, in apparent syncope, or asphyxia; during which time he had no regular medical attendant, nor no systematic mode of treatment. Some remedies were used, but were soon changed for others, as fancy dictated, or as his family or friends advised, so that when he became my patient I could obtain but little knowledge of his previous medication. Nor was I able to carry my plan of treatment into regular system; for a newspaper nostrum, or a friendly prescription, from one who was not a physician, was pretty sure to have a trial. Nor could my remonstrances overcome the versa-

tility of my patient, and especially of his wife, who was an unbeliever in all regular-bred physicians, with a strange prejudice against some of their most innocent medicines.

Although the diagnosis in this case was not very clear, I was satisfied that Mr. H. had water in his chest. And yet he had no difficulty of breathing, except in those fits of syncope already noticed, which were not frequent, but at very distant intervals. These paroxysms, by the best information I could obtain, bore a strong resemblance to *sternalgia*, the *angina pectoris* of Heberden. At other times his appearance did not indicate any kind of ill health. His pulse was natural, except that in one wrist it was uniformly smaller than in the other; from which I inferred a fatal termination, having never known a case of final recovery in any disease, or even accident, when this state of pulse permanently existed. It denotes an organic affection of the heart or lungs, or both. At least such seems to me to be the pathology. One of the prescriptions for Mr. H. was as follows. R. *Baccæ junip.*, *polygala seneka*, āā ℥iii.; *scilla mar.*, ℥iij.; boil in four quarts of water to two quarts; strain and add *sp. nit. dul.*, ℥iv. Dose, a wine glass full three times a day. But spirits of nitre happening to have been mentioned in the patient's hearing, he refused to take it if combined with that article. This was on account of the prejudice of his wife against *sal nitre*. This she alleged he had taken some ten or twelve years before, and that it had so cooled him that he had never got over it! It is thus that we sometimes find persons of good sense so prejudiced against a harmless remedy as to refuse it, even when they know that their lives are in danger from their disease. A substitute was made for nitric ether, but the amount of the dose prescribed was never complied with.

Is it not one of the traits of character of liberty and independence, for patients not to be bound by the directions of their medical advisers? We sometimes hear of our land being *a land* of liberty, from those who are strictly enjoined to follow our prescriptions. And hence they take the liberty not to comply. Mr. H. was a wealthy farmer, and from choice pursued his vocation with assiduity; and like Cincinnatus, withheld not his own hand. Although it was at an advanced period of his disease that he put himself under the care of the writer, yet he was not restrained by his advice from twice a day milking five of his thirty cows with his own hands, as he had done formerly. He also went to mill himself in the cold of autumn and beginning of winter, to have provender prepared for his fattening beeves, a distance of three miles. He came to me for his medicine and advice, and I was never called on to make him a single visit, except on the day of his death. The day before this event (December 17th) was a cold day, yet he came to my house alone, a distance of a mile and a half, in his carriage, and drove a spirited horse. He conversed, at this his last visit, with spirit and cheerfulness, with no external appearance of deviation from health. His lower extremities had slightly bloated previous to this, but the œdema had entirely disappeared. Still there remained a smaller pulse in the right wrist than in the left, as though the artery had a diminished calibre. Had it not been for this, I should have had hopes of his recovery. I

may here remark that, after he put himself under my care, he never had any of his fits of falling down in asphyxia. This I attributed, whether correctly or not, to a preparation of Peruvian balsam, ether vitriol, and oil of the root of sassafras; a preparation which, with us, has had an admirable effect in palpitation of the heart and other affections of that organ.

December 18. I was called in haste, and found Mr. H. in *articulo mortis*. It was in the afternoon of that day. This was somewhat unexpected, as in my own experience I had found, in cases of hydrothorax, that the lower extremities became œdematous before the closing catastrophe. But this case was an exception. I was informed by Mrs. H., that at four o'clock that morning he arose to the urinal, at which instant he complained of his head; that he lay down with a short and rattling respiration, and soon began to cough, sweat and expectorate; neither of which symptoms had he ever before experienced. And the reader may well conceive that had I not known the family peculiarities, I should have felt surprise at the omission of calling in medical aid until the afternoon, for these symptoms had continued unabated until my arrival, with slight occasional interruptions of mentality also.

The sweating was astonishingly profuse. It had not only entirely wet the patient's dress, but the bed clothes, for nearly half a yard on each side of him, were drenched. He had vomited several times, an occurrence which had never before taken place during his illness. All these new features of the disease passed with the wife for one of the former fainting fits of Mr. H., although entirely different. Nor was I credited by her when I announced his dissolution at hand. At four o'clock Mr. H. wished to be raised up in bed, as he said, to bend forward. He was raised, and bent himself forward, when his head fell on his breast, and he was laid down and immediately expired.

Permission to examine the body was requested, and obtained without any very great difficulty. A son-in-law (Judge W.) was present, a man of liberal sentiments, to whose aid I was much indebted in obtaining the family consent to examine the body. A regard to science seems, in this respect, to be increasing in the world. Two, at least, of the kings of England, George II. and George IV., were examined after death. We know not whether the practice has been general, and extended to others of the royal family, or not. We have seen the report of Dr. Frank Nichols, physician to George II., of the *post-mortem* appearances which the body of that monarch exhibited. It was a singular case. His heart had burst! and there was a hole quite through it, continuous with one of the ventricles.

Post-mortem inspection of Mr. H., aged 69.—To the eye, the external contour of the body exhibited no signs of previous disease, there being neither emaciation, discoloration, nor intumescence. The examination was begun about two and a half hours after death. In presence of two of my brethren of the faculty, I made an incision down the middle of the sternum, and then dissected back all the integuments on each side, to where the ribs join that bone. The junction of the ribs with the sternum was then separated with the knife, and that bone turned up—

wards, so as to expose the thoracic viscera. A slight lesion of an intercostal muscle on the right side of the breast-bone, brought water to light, which began to flow, and of which that cavity was found completely full. The dissection was here suspended for the purpose of dipping the water out into vessels, that it might be measured. Seven pints and three fourths of a pint were accurately measured, the right and left cavities included. But of this quantity six pints were contained in the right cavity. The quantity lost, or not included, was judged to be upwards of a pint and a half, so that the whole contents of transparent liquid in the thorax was a little more than *nine pints*. Upon resuming the dissection, the root of the aorta was found ossified, and the semilunar valves obliterated. They probably helped to form the bony mass, but there were no traces of their shape. The ossification was a bony ring, where the aorta sprang from the heart. But the orifice through this ring was as large as that of a common aorta in adults; though not near as large as was the aorta in this subject, above the ossified ring, where this vessel was, by actual measurement, considerably over an inch in diameter, and consequently upwards of three inches in circumference. It was very thin, but there was no appearance of aneurism; nor had it any muscular appearance. There was no unusual quantity of liquid in the pericardium. The heart, which was taken out for examination, was unusually large and heavy. Its appearance was healthy, except its over size.

The right lung, on the contrary, was much diminished in magnitude, and in about two and a half inches of its lower part the air cells were obliterated. The lower extreme of the left lobe partook of the same appearance, but it did not extend so high up. I could not exactly pronounce this morbid change hepatization. It did not so much resemble liver, as flesh, or muscle. It was rather an *incarnation* than *hepatization*. The margin, however, of the lower part of the left lobe, showed marks of incipient hepatization.

The evening of the inspection was cold, and without any exposure to heat, the liquid which was taken from the thorax coagulated spontaneously, so as to become as thick as the mother of vinegar, and might be removed in the hand. It must, therefore, have principally consisted of coagulable lymph. There was no encysted or hydatid phenomena anywhere discovered, but there were extensive adhesions of the pleura to the right lobe of the lungs. On feeling the lungs, one of the medical gentlemen present discovered a small bony formation in the right lobe. The fine florid color of the muscles and viscera showed no deficiency of oxygenation.

Remarks.—Considering the large quantity of liquid found in the thorax, and the diseased aorta and lungs, the apparent health and freedom of respiration, even to the night before our patient's death, may seem not a little surprising. The day before his death he was about his ordinary business, and, as I have said, came to my house. On the evening of that day he read, aloud, the whole of one of Baxter's sermons, after which, he perused the newspaper of the day. His appe-

tite was unimpaired, and his spirits fine, although he was fully aware of his danger.

It is a question not very easy to solve, why the paroxysms of asphyxia should not have increased with the increase of disease in the thorax. This was not the case; nothing of the kind had occurred for more than two months preceding his death. These ill turns, of which I do not think he had more than four or five in the whole, and they were short, constituted the amount of his bodily suffering.* We incline, on the whole, to refer this asphyxia to the state of the heart, whilst it was *enlarging*, and the valves while ossifying. Habit, which does such wonders, accommodated the system to the enlarged viscus; and the irregular action of the systole became more regular, but never was quite restored, as the pulse was always smaller in the right than in the left radial artery. If this does not satisfy the reader, he must form a better theory himself, by referring to the aorta, to the water in the chest, to the state of the lungs, or to all these phenomena.

I suspect that it will hardly be possible for any experienced medical man to read this account, and not be impressed with the belief that the life of Mr. H. might have been prolonged by proper remedies, properly adhered to. A paracentesis of the right side might have evacuated five or six pints of water. But he would not even submit to a blister, a remedy which I proposed to him, at my house, the day before his death. The fact was, he had but little faith in remedies which doctors did not think enough of, themselves, to recommend in a newspaper, and to pay the printer for advertising! Although I could not prevail on him to use, with regularity, the remedies which I thought most important, yet there was one which he used of his own accord, even more freely than I directed. This was the cardiac antispasmodic mixture, of which the balsam of Peru was the basis, before mentioned.

In his habits, Mr. H. was temperate to abstemiousness. Previous to his commencing my prescriptions, which was about two months before his death, he had some turns of difficult breathing, which attacked him when in bed. But these were never so severe as to cause him to rise, except in one instance. Latterly, nothing of the kind had occurred. In fact, there was nothing indicative of immediate alarm, except the flagging of the pulse before mentioned. Mr. H. was aware of my apprehensions, and it became, sometime before his death, painful and dreadful to him for me to examine the pulse in the right wrist, or to compare his pulses by feeling both wrists at once, which was my usual mode.

The crisis of his disease was death. Still it may not be unimportant to observe, that nature made an attempt of a salutary kind. This I infer from the profuse sweat, which was an attempt to rid the system of the flood of waters in the thorax. But in this sudoresis nature failed. The *vis medicatrix* was overpowered. But we may be taught the propriety of using sudorifics in hydrothorax.

Lebanon, Ct., January, 1837.

JOSEPH COMSTOCK, M.D.

* He had some of those neuralgic pains about the shoulder and deltoid muscle which accompany *angina pectoris*; but they were not severe, and passed, with himself and family, for rheumatism.

PUERPERAL SORE MOUTH.

[Communicated for the Boston Medical and Surgical Journal.]

ON page 83 of the October No. of your excellent Journal, I. B. asks your correspondents to give something on the pathology and best mode of treatment of puerperal sore mouth. I have long been desirous to make the same request. It is a distressing form of disease, which I have often seen, and I have noticed it to occur more frequently to women of delicate fibre, with their first child (at a most interesting period of life), than to others. My opinions are unsatisfactory to myself, but it seems to me that the disease is owing, in a good degree, to the derangement of the stomach caused by breeding, and the great drain made upon the system by nursing to excess. I have known some cases of inveterate and protracted dyspepsia apparently produced by flooding in childbirth, the system thereby having sustained too great a shock to bear with impunity. The long-continued and intense irritation of undigested aliments and acrid and acid secretions on the mucous lining of the stomach and intestines, ends in inflammation, ulceration, and the other symptoms. I know of no well-established treatment. I have known some cases to recover under the occasional use of a blue pill, Dover's powder, light tonics and palliative means. I have known some to recover under a course of frequently repeated emetics of ipecacuanha (a practice recommended by a physician in Lower Virginia), acting probably by revulsion and determination to the surface. Some have improved and recovered, whose cure could not well be attributed to any one remedy—time and regimen, probably, having the best claim. But it is a disease attended with danger, and requires investigation, and I hope to see further remarks on the subject. I repeat the query, "What are the causes and nature of that disorder incident to puerperal women, characterized by inflammation and ulceration of the mucous membrane of the mouth and fauces, anorexia, emaciation and diarrhœa—also chronic aphthæ of adults, and the best mode of treatment?"

W. A. G.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 7, 1838.

 EIGHTEENTH VOLUME OF THIS JOURNAL.

WITH this number commences the *eighteenth volume* of the Boston Medical and Surgical Journal. To a widely extended circle of readers we beg to express our unfeigned gratitude for the sustaining encouragement which has been steadily manifested through a succession of years. A firm devotion to the progress of medical science, and the dissemination of knowledge acquired through the experience and researches of practitioners of the healing art, with reference to its subserviency to the best interests of humanity, will characterize the future, as it has the past efforts of the only Journal of Medicine in the New England States.

LECTURES ON MIDWIFERY.*

THE author of a certain treatise on midwifery, recently published in Columbus, Ohio, styles himself "*Principal of the Botanico-medical School of Columbus ; Professor of the Theory and Practice of Medicine ; Lecturer on Anatomy and Physiology, Botany and Chemistry, and Editor of the Thomsonian Recorder.*" He is a very Caleb Quotem, who, like his prototype in the farce of the Review, no doubt, writes epitaphs and sets them to music. Surely he must feel himself in the midst of a large business. Notwithstanding his utter incompetency to instruct in any one of the numerous departments to which he makes such bold and unblushing pretensions, he assumes the high tone of a man in authority, as though he intended the absolute overthrow, nay, the extermination of the medical profession, which we verily believe would be accomplished, could the whole race of practitioners, so obnoxious to this brazen manikin, be put upon a course of Thomsonian medicine, prescribed by himself.

It is a hopeless undertaking to set the globe in a retrograde motion ; and the mighty efforts making by this lowest order of pretenders, to change the condition of society by trampling science under foot and bringing down the noble advances in human knowledge, the labor of many ages, to the low level of their vulgar standard, is a task that will defy their combined energies.

With a perseverance that, in a good cause, if properly directed, would ultimately raise him to usefulness and honor, the author of this barbarous production will discover, by and by, that he has labored to no purpose whatever. He covets the commendation of asses, who will bray *ecce homo* at his bidding ; but those whose character and influence would be worth having, are entirely beyond the sound of his voice. He never can blot out the bright light of science : it will continue to shine, with increasing splendor and brilliancy. If this potent editor and professor, this giant in Lilliput, possesses that modicum of common sense for which some give him credit, he must loathe the cause he advocates. It is degrading as a profession, and carries with it a blight to the brain.

To give cayenne pepper, lobelia, and steam baths for every ill, is so ridiculous that we will not spend time in talking about it. A case of midwifery, puerperal fever, a fractured limb, a diseased liver, smallpox or ovarian dropsy, are all treated alike :—only pour in the cayenne, the lobelia, and steam the poor fool of a patient to the confines of the grave, and we have an illustration of the whole pith and marrow of the Thomsonian practice.

When the sheets of this volume arrived, there was a written request on the margin that the work might be noticed. We have complied with the author's desire.

Medical Works.—ADLARD AND SAUNDERS, of New York, have in press Dr. A. H. Stevens's Two Lectures on Lithotomy, and one on Diseases of the Joints, with plates illustrative of a new mode of operation with the author's prostatic bisector, forming the continuation of the lecture on the Primary Treatment of Injuries, delivered at the New York Hospital, November 11, 1837.

The same publishers also announce, as in preparation, *A Treatise on*

* Lectures on Midwifery and the Forms of Disease peculiar to Women and Children, &c. &c. &c. By A. Curtis, Principal of the Botanico-Medical School at Columbus, Ohio, and Professor, &c. &c. &c. Printed for the author. 12mo., p. 384, with illustrations on wood.

Midwifery, practically considered, by Gunning S. Bedford, M.D., lecturer on Midwifery and the Diseases of Women and Children, in New York.

The above treatise will consist of about 400 pages 8vo., and will be accompanied by plates illustrative of the important features of obstetric science.

New Method of removing Particles of Iron from the Cornea.—The *Revue Medicale* for August contains a short extract from Hufeland's Journal, recommending the use of dilute muriatic acid as a wash for this purpose, by M. Krimer. Although we would not recommend the surgeon to trust to this means for the removal of the particles of iron so frequently driven into the cornea of workmen in our manufactories, forges and workshops, much advantage may be derived from washing away the rust which sometimes remains in the wounds with the proposed acid. Dr. Jacob, in the Dublin Hospital Reports, mentions the occurrence of permanent stain of the cornea from this accident, in consequence of the particle of iron being permitted to remain in the wound until ulceration was produced, and the rust became entangled in the texture of the part. In such a case, after lifting the speck of iron from the wound with the point of a fine needle, if any discoloration remains, the part may be washed with a camel's hair pencil dipped in a mixture of ten drops of the acid to an ounce of water. The proceeding enjoined by Beer, of scraping off the stained part with a cataract needle, is not only unnecessary, but is often very injurious, by adding to the irritation already existing. Through an erroneous impression that the stain is a part of the iron remaining behind, attempts are sometimes made for its removal by instruments, and the result, as might be expected, is the increase of the original injury of the eye.

Adulterating Drugs.—In a late number of the "Journal of Pharmacy" (Phil.), there are some valuable remarks on the sophistication of various important articles used in medicine. The writer attributes this system of adulteration "to the desire of our Druggists throughout the country to have cheap chemicals, that they might undersell each other." The following are some of the examples cited. Equal parts of alum and tartaric acid have been ground together, and sold as powdered tartaric acid. Rhubarb, American columbo and gamboge have been pounded together, and sold for pulverized Turkey rhubarb! A fellow in Philadelphia sold for powdered ipecacuanha, a mixture of pulverized ipecac and sarsaparilla! All the valuable essential oils afford easy and too tempting opportunities to a base spirit of cupidity, not to have been adulterated to a very great extent. One sample of oil of peppermint was found, on experiment, to contain one third of castor oil. Another, one fifth of alcohol. Specimens of the same oil, also oil pennyroyal, lavender, &c., have been found mixed with spirits of turpentine! Castor oil is often adulterated with purified whale oil! Mr. Rushton, an excellent chemist of New York, purchased at an establishment in Philadelphia, an article purporting to be acetate of morphia, but which, on examination, did not contain either acetic acid or morphia!—but merely plaster of Paris acidulated with oil of vitrol!

Removal of Ovarian Tumor.—Mr. West, an English surgeon, describes a successful operation for the removal of an ovarian tumor. The patient, the mother of three children, dated the commencement of the complaint thirteen years back. During the last year it had increased so as to impede respiration and to produce other distressing symptoms. The operation was commenced by pinching up the common integuments a little below the umbilicus, and dividing them with the bistoury. The fascia was then dissected, and the peritoneum exposed, into the lower part of which a small opening was made to allow of the introduction of a director. The part was then laid open, and the tumor exposed. It was secured from retraction by a ligature passed into a small part of the cyst. On introducing the trocar, about twenty pints of fluid were withdrawn. By gentle traction, the whole sac was brought away. A ligature of stay silk was passed round the connecting membrane and fallopian tube, the cyst cut off with the scalpel, and the part replaced in the cavity of the abdomen. The edges of the external wound were brought together by four ligatures and strips of adhesive plaster. Not more than a spoonful of blood was lost, and the patient soon recovered.

Medical Miscellany.—Mortality in Boston in 1837, 1843. The population, by the last census, 80,325.—A celebrated compounder of medicine, in the vicinity of Boston, whose success has extended to the uniform cure of all diseases, has recently suffered amputation of the leg at the Massachusetts General Hospital.—Total mortality of the city of Lowell, in 1837, 329.—A certain Dr. Sweet, a Thomsonian of New York, is accused of causing the death of Albert S. Sherwood, by administering lobelia and all the mystic numbers up to six—the *abracadabra* of the fraternity of medical pretenders.—M. Brouard, a physician, has been arrested in France for his connection with the proposed infernal machine for killing the king.—Neither plague or cholera existed, at the last accounts, in any part of Egypt, which was considered an unusual occurrence.—Amongst other liberal appropriations by the Common Council of New York, for the ensuing year, \$14,000 was voted for the board of health.—Dr. Winslow's lecture before the Nantucket Athenæum, on the circulation of the blood, seems to have been well received.—A fatal case of smallpox has occurred at Warwick, R. I.—Dr. Chapman has been elected President of the Philadelphia Medical Society, vice Dr. Physick, deceased; Drs. Jackson and Harris, Vice Presidents.—The second and third numbers of the Medical Examiner equal the promise in the prospectus. It is published once a fortnight.—The last number of the American Medical Library is very rich in matter. Dr. McPhail still continues the papers on Medical Topography, which have reached No. 9.—The last No. of the Southern Medical and Surgical Journal has its outside in mourning, in consequence of the death of the late distinguished Dr. Physick, of Philadelphia.

Erratum.—In the last No. of the Journal, page 413, line 10, after the words "derived from," add, *the blood of*.

TO CORRESPONDENTS.—Dr. Williams's case of Extra-Uterine Conception will be published next week.

DIED.—At Paris, Jones Wistar, M.D. and Franklin Hulme, M.D., both of Philadelphia.

Whole number of deaths in Boston, for the week ending Feb. 3, 29. Males, 15—Females, 14.

Dropsy on the brain, 1—infantile, 3—scarlet fever, 3—croup, 1—measles, 2—cholera infantum, 1—hooping cough, 1—disease of the brain, 1—inflammation of the bowels, 1—burn, 1—inflammation of the brain, 1—old age, 1—fracture of the skull, 1—hives, 1—typhus fever, 1—decay of nature, 1—inflammation of the lungs, 2—teething, 1—convulsions, 2—accidental, 1—apoplexy, 1—stillborn, 3.

VERMONT MEDICAL COLLEGE.

THE annual Course of Lectures, at this institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	- - -	H. H. CHILDS, M.D.
Pathological Anatomy, by	- - -	ELISHA BARTLETT, M.D.
General and Special Anatomy and Physiology, by	- - -	ROBERT WATTS, JR., M.D.
Principles and Practice of Surgery, by	- - -	GILMAN KIMBALL, M.D.
Chemistry and Materia Medica, by	- - -	DAVID PALMER, M.D.
Medical Jurisprudence, by	- - -	NORMAN WILLIAMS, A.M.
Woodstock, January 17th, 1838.		F7—eptM7

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica, - - -	DR. WARE.
On the Principles and Practice of Surgery, - - -	DR. OTIS.
On Anatomy, - - -	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct. 18—tf

MASSACHUSETTS MEDICAL SOCIETY.—COUNSELLORS' MEETING.

A STATED meeting of the Counsellors of the Massachusetts Medical Society will be held at the Society's Room, Athenaeum Building, in Pearl street, on WEDNESDAY, the 7th day of February next, at 11 o'clock, A. M.

Boston, Jan. 23.

eptm

JOHN HOMANS, *Rec. Sec'y.*

MEDICAL INSTRUCTION.

THE subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

JOSEPH H. FLINT.

Springfield, January, 1838.

Jan. 17.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week. Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.
ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

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THE
BOSTON MEDICAL AND SURGICAL
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WEDNESDAY, FEBRUARY 14, 1838.

[NO. 2.]

DR. MARSHALL HALL ON TUBERCLE.

[Continued from page 10.]

I MUST now beg your sustained and best attention to another part of M. Louis's manuscript :—

“*Lesions.*—It is rare to find in the lungs only tubercles, or semi-transparent grey granulations. I have seen the first case only twice, and the second five times; yet even then there were some granulations more or less opaque and yellowish in both instances.

“In one case in three, the grey, semi-transparent granulations are greatly multiplied immediately under the pleura.

“These granulations may acquire the volume of a pea in the space of three or four weeks, and not exceed it even in four years.

“Though the grey matter presents itself under the form of granulations, or of irregular masses, more or less considerable, it changes, sooner or later, into tuberculous matter.

“Tubercles are almost always found in both lungs. I have seen them confined to the left lung five times, and to the right twice.

“Encysted tubercles are rare; I have only once met with them, and then at the summit of the superior lobes.

“I have not found an empty excavation before the end of the third month of the affection, or the beginning of the fourth, and then the false membrane which lined the excavation was soft and of little consistence; whilst it is dense, greyish, *almost* semi-transparent, semi-cartilaginous, generally lined with another false membrane, which is soft and yellowish in excavations of long duration.

“There are generally excavations in both lungs; so generally, indeed, that I have only found exceptions to this rule in one case in six. In one case in ten, these excavations are equally large on both sides.

“The matter contained in these excavations varies principally according to their duration and their structure; perhaps, also, according to the more or less protracted difficulty of the circulation in the last moments of life. Thus, when the cavities are recent, the matter in question is straw-colored, and like ordinary pus. When they are of some duration, and especially when irregular in form, the matter is greyish, greenish, and looks dirty and disagreeable; sometimes stained with blood; this last discoloration doubtless supervenes some *hours* before death; for it is not rare; and it is, on the contrary, very rare to see the sputa red during the last, or the two last, *days* of existence.

“Instead of air and pus, I found, in one case, rather a large excavation, occupied by a fibrous matter, already organized, the result of a hæmoptysis which had taken place a few days before death.

“Bronchial ramifications are never found in the interior of tuberculous excavations, or in the grey semi-transparent substance; which indicates that the first effect of the development of this matter is the destruction of the bronchia in that part where it takes place. And this destruction does not appear to be the consequence of the transformation of the bronchia into grey, semi-transparent, or tuberculous matter; for no such transformation takes place in the vicinity of cavities, or of tuberculous masses, or in any part whatever of the lungs, not even where the bronchia present some organic change.

“The bronchia are rarely red in the neighborhood of tubercles which have not suppurated: they are redder and thicker in proportion as they communicate with the older excavations—an indication that this redness and thickening are the results of the habitual passing of the purulent matter from the cavities along their course.

“Pneumonia is frequent in the last stages in phthisis. I have observed it in one case in three, sometimes in the first, sometimes in the second degree. I have also met with it, in subjects carried off by other chronic diseases, 22 times in 112 cases; it must, therefore, be concluded, that tubercles have not a very great influence upon the development of pneumonia in the last stages of phthisis.

“But it is very different with regard to adhesions of the pleura. The influence of tubercles, in producing this effect, is so great, that in 112 cases, 1 only was found with both lungs perfectly free from adhesions. On the contrary, in 110 cases of other organic diseases, and certainly at more advanced ages, 35 only presented such adhesions. There exists also a constant proportion between adhesions and other effects of tubercles. Where there are no adhesions, there are also no cavities. Where the adhesions are slight, the cavities are small, or absent altogether. Lastly, where the adhesions are firm, and more or less extensive, or even universal, there are constant excavations, and, in a great majority of cases, these are considerable, or even very large.

“Large excavations occupy the summit of the lungs, and are very near their surface; it is also in this situation that we find those false membranes which are so thick and so strong as to strengthen, or sometimes even to constitute, their parietes to a certain extent. This sort of cartilaginous covering is peculiar to phthisis, being met with in no other disease.

“Recent pleurisy has occurred in the latest period of phthisis in one case in 10; in other chronic diseases, in one case in 13.

“The reverse of this is observed in regard to hydrothorax. It has occurred in one case in 10 of phthisis, and in one case in 4 of other diseases; a difference which corresponds to the comparative frequency of adhesions of the pleura, in these cases respectively.

“The frequency of ulcerations augments as you pass downwards from the epiglottis to the trachea. In 100 cases of phthisis, they were found

18 times upon the epiglottis ; 22 times within the larynx ; and 31 times in the trachea.

‘ The largest ulcerations of the trachea affect the soft or muscular texture. Five times out of the number mentioned, I have found the mucous membrane entirely destroyed in all, or nearly all, the extent of this organ. In the first stage of these ulcerations, the mucous membrane alone is destroyed, whilst the sub-mucous tissue becomes thickened ; afterwards the latter ulcerates, whilst the muscular tissue thickens ; and lastly, the muscular tissue ulcerates, as the mucous membrane is destroyed.

“ The greater frequency of extensive ulcerations in the trachea seems to be explained naturally enough by the habitual contact of the sputa with this part, either when they are delayed in it or pass along it, especially as in the case in which the mucous membrane of the trachea is reddened and not ulcerated ; this redness was generally accompanied by thickening, and was greater in the muscular portion than in any other part. Still we must admit that ulcerations depend upon some other cause, for they are not always in proportion to the bad condition of the sputa, or the size or duration of the cavities.

“ The most usual seat of the ulcerations of the larynx is at the union of the vocal chords—the most dependent part of this organ in the horizontal position. The ulcerations of the epiglottis are confined to its inferior part ; at least I have not met with a case in which they were situated on its lingual surface.

“ The two last facts support the idea, that the ulcerations of the aerial tube depend upon the contact of the sputa. The softening of tubercles, which is so frequently the cause of ulcerations of the intestine, has no influence in the development of those of the aerial tube, for I have not found either tubercles or semi transparent grey granulations in this part during fifteen years.

“ It is a remarkable fact, that in no case of chronic disease without tubercles have I found ulcerations of the epiglottis, larynx, or trachea, not even in cases of gangrene of the lung of long duration, although I have taken ten cases of this last affection. Ulcerations of the aerial tube imply, therefore, a particular predisposition, for it is not enough that an acrid fluid should be continually passing through them.

“ We must, however, notice, as an exception to the law which has just been announced, the ulcerations which arise from syphilis.

“ It may, perhaps, be said, that there are facts which demonstrate the incorrectness of this law, especially those contained in the inaugural dissertation of M. Cazol, on ‘ *La Phthisie Trachéale* ;’ but three of M. Cazol’s cases arose from the pressure of tumors exterior to the aerial tube ; in two others, it is not stated whether the patients had suffered from syphilis, a fact ascertained in regard to one case alone, which consequently remains as the only exception to the law mentioned above. Such an exception has not occurred to me during 15 years of observation in more than 1200 subjects, in whom the trachea was examined with care.

“ Among acute diseases, *one* only of those whose seat is not prima-

rily in the trachea, is sometimes accompanied with ulcerations of this organ, viz., confluent variola, in which 3 out of 4 cases present ulcerations of the trachea, very different, however, from those of phthisis, being superficial, small, generally covered with a membraniform pellicle; so that, by an inspection of the trachea alone, of a phthysical patient, in which ulceration had occurred, we might ascertain the disease of which the patient had died.

“What has been said of ulcerations of the trachea, is also true of those of the larynx, at least I have not found such ulcerations in any chronic disease, except phthisis and syphilis.

“It is an error to have assigned phthisis as a cause of aneurism of the heart. In 112 cases, 3 only presented evident enlargement of the heart, and this of the *left* ventricle only, and not of the *right*, as would have been the case if the phthisis had been its cause. To this we may add, that enlargement of the heart occurs with equal frequency, the age being the same, in other chronic diseases.

“In regard to the aorta, its calibre is less in phthysical patients than in other subjects of the same age, carried off by acute diseases.

“The pharynx and œsophagus are almost always healthy in phthysical patients. I have never found tubercles or grey semi-transparent granulations. Twice only in 80 cases have I found moderately numerous and superficial ulcerations. In no case have I found such ulcerations in chronic diseases not tuberculous.

“The stomach is more frequently augmented in volume in phthisis than in any other diseases, acute or chronic. In 9 out of 96 cases of phthisis, and in 2 out of 230 of other diseases, the stomach was twice or thrice its natural size, and below its natural position. One of these two was a disease of the heart; the other, caries of the vertebra. In all these cases the liver was also enlarged, and had descended below its ordinary position, a fact which may be viewed as a cause of the condition of the stomach.

“The mucous membrane of the stomach is rarely perfectly healthy; it was found so in 19 cases only out of 96; in the rest it was:—

“1. Softened, thin, or destroyed, over a variable space, situated more frequently in the great curvature than elsewhere, around which it was generally more or less mammelated and red, in 19 cases. 2. Red and sometimes thickened, mammelated, softened at its anterior part alone, which was more or less covered by the enlarged liver, in 8 cases; this state, manifestly inflammatory, was evidently owing to the compression of the liver, a fact which explains its greater frequency in women than in men, in the proportion of 7 to 1, in whom, also, the liver is more frequently enlarged and fatty. 3. Softened, and of a more or less obscure red color in the great curvature, sometimes with thickening, that is, evidently inflamed in this part, in 17 cases. 4. Mammelated, greyish, rarely reddish, sometimes thickened with small ulcerations, in 18 cases. 5. Ulcerated without other lesions, in 2 cases. 6. Of a more or less vivid red, in all its extent, without alteration in thickness or consistence, in 6 cases. This redness, on account of gastric symptoms having supervened in several cases two or three days before death, must be consider-

ed as inflammatory. 7. Softened, without alteration of color or thickness, in 4 cases. 8. Raised by a white, bluish, milky, thickish fluid, in one case.—77 cases.

“But these lesions are not peculiar to phthisis; they occur in other proportions in other chronic diseases. In 94 cases of the latter, the mucous membrane of the stomach was—

“1. Thin, softened, and sometimes destroyed, in 6 cases. 2. Red, and a little mammelated at its anterior part, in 2 cases. 3. Softened, of a more or less vivid red, in the great curvature, in 6 cases. 4. Mammelated, greyish, sometimes thickened or ulcerated, in 16 cases. 5. More or less red in its whole extent, without softening, in 18 cases.—48.

“It thus appears that the mucous membrane of the stomach was more or less affected in one half of these cases; whilst in phthisis it was affected in four fifths.

“The small intestine is much more rarely in a perfectly healthy state than the stomach. Its mucous membrane was softened in its whole extent, in 8 cases out of 95—in 3 in a moderate degree, in 5 reduced to the consistency of a pulp, and in 3 affected with thickening and redness.

“In 36 cases out of 95 I found, in different parts of the small intestines, granulations more or less yellow or whitish, and evidently tuberculous; and since the publication of my ‘Researches’ I have arrived at a similar conclusion, by the analysis of 61 cases of phthisis, in which there were 27 instances of this lesion.

“Ulcerations take place in a proportion still more considerable, so that I have observed them 78 times out of 95 cases—a fact which shows that they are not all caused by the abundance of tubercles, although these appear to be their principal cause.

“Besides, with few exceptions, the number, the size, and the depth of the ulcerations augment in proportion as we approach the cæcum; and, if we suppose the intestine divided into 3 portions, we find ulcerations in the greatest number of cases only in the third nearest the cæcum, or, at the most, in this and the middle third. It is much less common to find them in the whole length of the intestine—a fact which I have observed, however, in 1 case in 6; whilst I have only seen them confined to the middle third 3 times.

“Their size varies from 1 line to 5 or 6 inches; when small, they are placed almost exclusively opposite the mesentery, in points corresponding to Peyer’s glands, which we can no longer distinguish, or very imperfectly. In the highest degree of their development, they occupy the whole surface of the intestine to a variable extent longitudinally.

“Their form generally indicates their origin, and varies with their size, when small and circular, like those which succeed immediately to the softening of tubercles. When of a moderate size, they have the elliptical form of the clusters of Peyer’s glands, which they occupy. This latter form is the most frequent; the annular form is next so; the linear form is the most rare; I have only observed it in 7 cases, and it has generally been in the first half of the intestine.

“Their structure varies like their size, and they follow the same course as those of the trachea.

"We observe redness, thickening, and softening of the mucous membrane of the small intestine, simple or complicated, in subjects carried off by other chronic diseases besides phthisis. But we meet with tuberculous granulations only in cases in which tubercles exist in the lungs. If this statement be not absolutely true, it is very nearly so; so that in 82 cases of fatal chronic diseases, without pulmonary tubercles, 3 only had ulcerations of the small intestine: of these 3, 2 were dysenteric patients; and in 1 the ulcerations were small and few in number, being scarcely 10 lines in diameter; so that, if every kind of ulceration of the small intestine be not absolutely peculiar to phthisis, ulcerations to a certain extent are really so."

[To be continued.]

CAPSICUM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Capsicum, as a very valuable remedy, has been in free use among the regular physicians of my vicinity, from a period long anterior to the existence of Thomsonianism. My first particular knowledge of it as a medicine, was its empirical employment, more than fifty years ago, as a popular prescription in sore throat, of almost every kind. Our common red pepper was directed to be boiled in milk, and this milk was to be the principal article of food, in diseases of this kind. It was thus employed, often with great apparent success, and many families would carry their children, by means of it, safely through attacks of scarlatina and cynanche maligna, when these complaints were epidemic, with very little aid from the physician. Capsicum has also been successfully used, empirically, time immemorial, in the painful spasmodic jaundice, often called cramp in the stomach, and other painful affections of the alimentary canal. Its external and internal employment has likewise been always popular in rheumatic complaints, as well as when local or general coldness was a prominent symptom. A strong infusion of it in cider has long been in general use.

Between twenty-five and thirty years ago, I learned its use in passive hemorrhage, which, in fact, is almost the only kind of hemorrhage at the present day. Two grains of it in pill, with the same quantity of sugar of lead, and half a grain, or more generally, a grain of opium, every hour, and much more frequently perhaps every ten minutes, in urgent cases, according to my observation, comes as near a specific, in stanching hemorrhage, as can ever be expected from any article. *I must consider those physicians, who are not familiar with this important use of capsicum, as being at least a quarter of a century behind their age.* In more chronic cases, this pill may be given four times a day, in almost every kind of passive hemorrhage.

This employment of capsicum in hemorrhage, seems to have been learned from the French refugees, who emigrated to this country during the early troubles in Hayti. They probably derived it from their Afri-

can slaves. The practice was soon adopted with success by two or three irregular practitioners.

Capsicum was likewise found to be of essential service in the torpid and cold cases of pneumonia typhodes, about 1812, and in that disease especially, which has been called typhus syncopalis, or sinking typhus. From analogy, more particularly from its great effect upon the mucous membrane, it was soon successfully combined with opium in diarrhœa, and in low cases of dysentery. It has also been used to much advantage in chronic rheumatism, as well as in the latter stages of acute rheumatism, when freely combined with opium. In this way its employment in malignant cholera, perhaps, acquired more reputation than any other remedy. Where opium is freely required in delirium tremens, probably, it ought always to be combined with capsicum, as the latter is, undoubtedly, the best substitute for alcohol, during the debility arising from its sudden abstraction, of any single article hitherto discovered. Much less opium is commonly necessary, when capsicum is employed at the same time.

The question has lately been made, What authority have we in the books, for its extensive use? I believe there is very little; but, like many other elderly men, as I read but few modern medical publications, it is very probable that many valuable observations upon the subject may have escaped me. Thomas mentions capsicum and salt, in vinegar, as a favorite remedy for cynanche maligna, in the West Indies. In the Philadelphia editions of Gregory's Practice, capsicum in hemorrhage is mentioned, on the suggestion of Dr. Miner, who is, perhaps, the first regular physician that thus gave it a fair trial. A distinguished author upon theory and practice, though I have not read him, is said also to recommend it, upon the same authority, as well as from his own experience. With the exception of a few general remarks, in most dispensaries, and treatises on the materia medica, upon articles of this kind, I am unable, at present, to cite any further authorities from the books. I read, however, most of the testimony in its favor, during the prevalence of cholera.

Thomson, whatever he may pretend to the contrary, undoubtedly first derived his information upon the subject, from seeing it used, or hearing of its employment, in typhus syncopalis and in pneumonia typhodes. His sweating or steaming process has the same origin, as well as his lobelia. The difficulty with him, in common with every other species of quackery, consists in his employing the bed of Procrustes, to which he ignorantly and barbarously attempts to lengthen or shorten every patient. The most valuable instruments, in his hands, therefore, are the means of doing infinitely more harm than good. Besides, his empiricism has a tendency to prejudice the regular practitioner, and thus to bring some of the most important agents of the materia medica into disrepute, in the minds of those physicians who are not already familiar with their operation.

Before concluding, I would remark that I presume capsicum is a far better and more manageable remedy than cubebs, in most of the affections in which the latter article has been so highly recommended.

In fine, I consider capsicum, when judiciously employed, as being one of the most important remedies of the whole *materia medica*. The preceding suggestions are very imperfect, and are merely thrown out in order to draw forth remarks from abler pens. A good dissertation upon the article, in my view, is quite a desideratum in our medical literature.

February 5, 1838.

SENEX.

CASE OF FALSE SUPERFŒTATION, OR EXTRA-UTERINE CONCEPTION.

BY STEPHEN W. WILLIAMS, M.D., LATE PROFESSOR OF MEDICAL JURISPRUDENCE IN THE BERKSHIRE MEDICAL INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

IN connection with the course of lectures which I have repeatedly delivered in the Berkshire Medical Institution, and once at the College of Physicians of the Western District of New York, at Fairfield, I have been in the habit of mentioning the following case, which I think an interesting one.—Although it may be considered an aberration from the subject, I will premise that I have just returned from delivering a course of lectures upon medical jurisprudence in the Western Medical College of New York, where, in consequence of the sickness of Theodric Romeyn Beck, M.D., the distinguished author of the *Elements of Medical Jurisprudence*, and professor of this department and of *Materia Medica*, I was invited by the Faculty of the College to take his place in the former department. I am much pleased with the college, and think it in a highly prosperous and flourishing condition. The number of students, since the year 1824, has averaged more than 140 a year. In the year 1834 there were 217. This year, although the number of students is smaller throughout the country than usual, owing to our pecuniary embarrassments, the number borne on the catalogue is 142—the largest number, probably, in the northern States. The college buildings are large and commodious, and as amply supplied with museum, cabinets, and chemical and philosophical apparatus, as any institution in the country. It affords me great pleasure to state that Dr. Beck is convalescing rapidly, and will soon be able to attend to his arduous avocations. With this I send you a catalogue of the faculty and students of the Western Medical College, and hasten to give you a detail of the case referred to in the commencement of this article.

In the month of December, 1823, I was requested by my father, and Dr. A. F. Stone, of Greenfield, to attend and assist them in a post-mortem examination of a woman, a patient of Dr. Stone, who had just died, after having been delivered of a child a week before. She was twenty-four years old at the time of her death, had been married two years, and this was her second child. The first labor was natural, and the child was full grown for the period, and healthy. The second confinement was within sixteen months of the first. She had been apparently well during her second gestation, except that she had complained of some soreness of the abdomen. The second labor was natural, with the

exception that during the progress of it Dr. Stone felt something suddenly give way under his hand, and at the same time he heard a snapping noise, and he supposed, at first, that the uterus had burst. Labor, however, soon progressed, which convinced him that he was mistaken, and the child was born without difficulty. The placenta soon followed, with very little hemorrhage. The patient was now comfortable, and after a little time he left her. In the course of a few hours she was attacked with excruciating distress in her bowels, which was supposed to be after-pain. It did not yield to anodynes, physic, or other medicine. Her fever was not high, and her symptoms were unaccountable. The lochia was not abundant, but natural. She expired on the sixth day after delivery.

On laying open the abdomen by dissection, the first thing that presented itself was a gush of purulent matter, very thick and tenacious, but otherwise to appearance bland. The peritoneum was considerably inflamed. I first examined the right side. The viscera were natural. The right ovarium was little larger than a hen's egg. It was considerably inflamed, and the first view of it seemed to indicate that it had burst and filled the cavity of the abdomen with its pus. The left ovarium was considerably larger than a very large goose egg. It was perforated with several holes. The uterus, except being very much thickened, was natural and not diseased. Upon making an incision into the left ovarium, our knife immediately struck upon a ball of hair. We separated it from its attachments, and examined it at our office. We found in it a large ball of hair, as large as two hens' eggs, long, and of a sandy color, like the mother's. We likewise found *two perfectly formed, elegant incisor teeth, full grown, and as large as are to be found in the jaw of any child two years of age*, which were the only organized substances we found in the ovarium. All the other parts, even the bones, were completely absorbed.

This, in my estimation, was a case of false superfœtation, or extra-uterine conception. My class will recollect the definition of superfœtation—the impregnation of a woman already pregnant. This, they will recollect, is either true or false. *True*, when it happens in the womb itself; *false*, when one fœtus is deposited in the womb, the other in the ovarium, the fallopian tube, or in the cavity of the abdomen.

A few questions naturally arise, in relation to this case, for the solution of which, I confess I feel myself incompetent. At what period was the left ovarium, in this case, impregnated? Was it at the first or at the second impregnation? Or may we infer from this case that there was a violation of the chastity of the female? The hair in this case was as long as that on the head of a child a year old. How long must the fœtus have lived in the ovarium to have produced it of that length? How long must it have taken the teeth to have perfected themselves? How long must it have taken the bones and the soft parts to have been taken up by absorption? Authors have mentioned that extra-uterine fœtuses have lain in the cavity of the abdomen for years, and the bones have been undissolved. The left ovarium might have been impregnated, or have received the seminal aura at the same time with the right, at the

first conception, and, for some cause or other, the ovum might have been prevented from passing through the fallopian tube into the uterus, and consequently the fœtus must have remained, to perfect itself, in the ovarium. Several such instances are on record. But it appears to me there was not time, in this case, for the growth and decay of the fœtus between the first and second parturition. The accoucheur, Dr. Stone, who was with her in the first labor, was satisfied that there was no other fœtus remaining behind. Except some soreness of the abdomen, she went regularly through her second gestation, and was delivered, at the proper time, of a fine healthy child. Do these facts, or do they not, prove that this conception must have happened prior to marriage. I leave the solution of it to abler physiologists than myself. I must confess I am not able to explain it.

Denman and Baillie both think that these substances may be found in the uterus without conception. Dr. Denman says: "It is very remarkable that in diseases of the *ovaria*, teeth, hair, bones, and other extraneous animal substances, are found in them so frequently that there is scarce a collection of anatomical curiosities in which there are not various examples." "These substances," he observes, "have hitherto been considered as remnants of parts of imperfect conception; but a celebrated anatomist of the present day has fully proved that they may be found without conception, or even any connubial intercourse."

If such be the fact, I must confess I am unable to comprehend it. It is confessed, on all sides, that the ovum is formed or impregnated in the ovarium, and passes, after a certain period, into the uterus to be perfected. Now, why may not some disease of the fallopian tube prevent its passage into the uterus? An obstruction, from any cause, might prevent it. In that case might it not lie in the ovarium until it had partially perfected itself, when death and decomposition might ensue? In this case it might not be able to pass into the uterus at all. The subject is involved in some doubt, yet I must confess I cannot believe that it could be formed without intercourse.

Deerfield, February 2d, 1838.

LUXATION OF THE CERVICAL VERTEBRÆ WITHOUT FRACTURE.

A CASE of this very unusual accident was brought to the University College Hospital on the morning of the 12th. It appeared that the patient, a carpenter, thirty-five years of age, was on the previous evening sitting on a rail, about four feet in height, when he fell suddenly backwards, pitching on the ground with considerable force, and falling, as he supposes, on his shoulders, and the lower part of his neck. He was quite sober at the time. On being taken up he was found to be sensible, but the use of both his arms and legs was entirely lost. He was removed to a beer shop in the neighborhood, where he remained during the night, and in the morning, at nine o'clock, was brought to the hospital. He was sensible on his admission, and free from pain when he remained at rest. When he was moved, however, he complained of

great pain across his shoulders. The upper and lower extremities, and almost the entire trunk, were completely paralyzed, both as regarded sensation and motion, which were, however, natural in the head, neck, upper third of the thorax, and a few inches below the shoulders. The breathing was oppressed, and carried on almost entirely by the diaphragm; the countenance rather anxious, the surface warm, pulse natural. Since the accident he has passed neither urine or fæces. He was ordered an enema, and the urine was drawn off by the catheter.

Two, P. M. Seems restless; countenance indicates greater anxiety; the breathing is more oppressed; there is slight loss of power on the left side of the neck; the articulation is impaired; the abdomen is tympanitic; tongue dry; much thirst.

Five, P. M. Restlessness increased; he is continually rolling his head from side to side; the muscles of deglutition on the left side are paralyzed; great thirst; dry and foul tongue, which, when he attempts to speak, protrudes at the left angle of the mouth; great difficulty of deglutition; difficulty of breathing and anxiety of countenance increased. His urine has been escaping involuntarily for some time; at half past six twelve ounces were drawn off by means of the catheter. He got gradually worse, and died at eight, P. M.

The *autopsy* was performed eighteen hours after death. The blood, which was perfectly fluid, was much effused between the posterior muscles of the neck. There was complete luxation between the fourth and fifth cervical vertebræ, the latter being thrown backwards. The proper ligaments of the vertebræ were lacerated, as were also some of the tendons of the longus colli muscle. *There was no fracture of the articulating processes.* On opening the vertebral canal the chord was found to be compressed between the arch of the fourth and body of the fifth cervical vertebræ; the membranes of the chord were not much injured. The chord appeared a little softened at the compressed portion, but otherwise its texture was unaltered. The examination was not conducted farther. Mr. Liston pointed particularly to the fact of there being no fracture, a very unusual circumstance in accidents of this description, and the absence of which rendered the case peculiarly interesting. Had the precise nature of the case been ascertained, it is probable that an attempt at reduction might have been made.—*London Lancet.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 14, 1838.

MASSACHUSETTS MEDICAL SOCIETY.—COUNSELLORS' MEETING.

ON Wednesday last, February 7th, the Counsellors convened at the Athenæum, in this city, twenty-eight members being present, the President, Dr. Shattuck, in the chair.

A communication from the Worcester District Medical Society, recommending the repeal of certain by-laws, on motion of Dr. Hale was

referred to a committee of three, viz., Drs. Jackson, of Boston ; Wil-
lard, of Uxbridge ; and Green, of Lowell, who subsequently reported
that the 39th article of the by-laws appears reasonable, but not impor-
tant, and therefore they recommend its repeal ; but they did not recom-
mend the repeal or suspension of the 56th article. The report was
accepted.

Dr. Timothy Kenniston, of Haverhill, and Dr. Smith, of Sutton,
were elected fellows of the Society. Dr. Twitchell, of Keene, N. H.,
was elected an honorary member. Drs. Walker, of Charlestown, and
Strong, of Boston, were chosen to examine into the condition of the
treasury ; and Drs. Otis and Morrill, both of Boston, were appointed a
committee to examine the library.

Dr. J. V. C. Smith introduced the following resolutions :—

Resolved, by the Counsellors of the Massachusetts Medical Society,
at a regular meeting holden on the 7th day of February, 1838, That in
view of the splendid achievements in science, resulting from the united
efforts of the learned in Europe, a general national convention of scien-
tific men in the United States, at specified seasons, for the interchange
of opinions and for concentrating their labor, would not only tend to de-
velope the resources of the new world, but would also advance the cause
of human happiness. Geology, mineralogy, agriculture, and the broad
domain of natural history, have been but partially and imperfectly ex-
plored, and unless there is a combination of all the intellectual energies
of those who especially cultivate the arts and sciences for the purpose of
studying the character of the diversified objects of nature, which every-
where abound within the geographical boundaries of this great republic,
generation after generation may pass away, without knowing the physical
constitution or real condition of their native land. The field is truly vast,
and amply sufficient to give employment to every possible order of ge-
nius or industry. And, as medical men, thus far, in the history of this
country, have manifested a particular devotion to the various depart-
ments of scientific inquiry, and still continue, under many disadvan-
tages, to collect, to investigate and register the principal discoveries
which have been made in relation to the primitive appearance of the
American continent, and its various changes to prepare it to become the
appropriate residence of civilized man, therefore

Resolved, That a committee be appointed by this Council, whose duty
it shall be to propose to all the known literary and scientific societies in
the United States, to send delegates, on some specified day the ensuing
autumn, to the most convenient and central place in the Union, for the
express purpose of organizing a National Scientific Association.

Resolved, That the said committee be authorized to extend invitations
to distinguished individuals in foreign countries, to encourage, by their
presence and co-operation, the great objects contemplated in the estab-
lishment of this important national institution.

Resolved, That the said committee shall report monthly, to this Coun-
cil, their progress and the prospects of success in collecting a sufficient
number of eminent persons for organizing the proposed convention, till
such time as the Council is satisfied that no further action on the part of
this Board will be necessary to ensure the perfect success of this de-
sirable, and, as they believe, practicable undertaking.

Dr. Jackson, after making some very appropriate and judicious obser-
vations, moved that a committee be appointed to consider and report upon
the foregoing resolutions, at the next meeting of the Counsellors. Drs.

Jacob Bigelow, George Hayward, Rufus Wyman, Enoch Hale, and J. V. C. Smith, of Boston, constitute the committee.

Dr. Hayward called the attention of the Board to the importance of making a speedy application to the legislature, now in session, in relation to some modification of the law with regard to the smallpox. An alteration was made the last session, but it was not sufficiently explicit; the law was still vexatious to the patient, as well as the physician. The first was required to be moved from his home, if it could be done without hazard of life, and the practitioner was obliged to report the existence of the disease to the civil authorities. As the law now stands, the public confidence in vaccination is shaken. Full reliance may always be placed in that operation. The committee consists of Drs. Hayward, Smith, Hale, Adams, Wyman, and Walker.

State Medical By-Laws.—Although the following comprises part of a private letter, it is just such a document as should be published. The writer is a liberal-minded man, devoted to the best interests of the Medical Society, and has constantly at heart the honor and respectability of the profession in the Commonwealth. We are happy to say that a modification of one obnoxious article was effected at the late meeting of the Council.

“I presume the resolve of the Worcester District Society, requesting the repeal of the 39th and 56th By-laws of the Massachusetts Medical Society, will come up for consideration before the Council to-morrow (February 7). Our reasons for this resolve are briefly these. Let me remark that the language in that resolve is not sufficiently explicit. We object to no part of the 39th By-law except the payment of the fee of ten dollars; and we object to that because we think that the Censors had better be paid for their arduous duties out of the general fund of the Society—that the fee is required of young men, at the very period of their lives when they are least able to meet it, at the very commencement of their professional career—that being, of course, exacted only of those who obtain their degrees out of the State, it *appears* like an invidious distinction between the graduates of our own and of foreign schools—that supposing the intention of the fee to be unexceptionable, it is generally, I may say almost universally, believed by the profession out of the Society, in this section of the State, to be a tax upon those who have preferred other medical schools than our own—that it is a frequent and very effectual argument with those who are inimical to the Society, to persuade the junior members of the profession from uniting with the Society, and the subject of serious complaint with those of more kindly feelings—(‘I would like to join your Society, but I will never pay *that* ten dollars,’ is a remark I have often heard)—that a law in itself, and the intention of its framers, may be unexceptionable, but from local causes and prejudices may be unwise and injurious to the very interests it was intended to promote, and ought, therefore, to be repealed—and, finally, that as in the five Western Counties we have but 152 Fellows (by the register of 1837), out of 350 physicians, it is good policy for the weaker party to remove every obstacle to the increase of their number, which can be removed without trenching upon their principles.

“There are many other cogent considerations, to which I cannot allude at this time. I will only remark, that among the 350, are found some of the most talented and influential physicians of these counties.

Of course, these are the consulting physicians of their respective circuits. The result is evident; and I do not hesitate to declare that in these counties, the laws of the Society in relation to consultations with irregular practitioners *are a dead letter*—they are entirely disregarded. At least, such is the result of my observations and inquiries. I have taken some pains to ascertain the true state of the case.

"By the register of 1837, the number of Fellows in Hampden is 19; in Berkshire, 19; Franklin, 21; Hampshire, 28; Worcester, 65. As near as I can ascertain, after some little trouble, the number of Physicians in the four Western Counties is about 230; Fellows, 87! (not including the addition to the Society in Berkshire during the past year). The number of physicians in Worcester is at least 120!"

"This state of things ought not to continue. You will remember what my feelings were when forced to pay the fee of ten dollars. I owe it to your persuasion that I renounced those feelings and joined the Society. And now let me say that I am *strongly attached to our Society*, and am sincerely desirous of promoting its best interests. Let me be beg of you one favor—do not let any one call me a Radical. R. R. J.

Massachusetts General Hospital.—The following officers have been elected for 1838 :—Edward Tuckerman, President; Jonathan Phillips, Vice President; Henry Andrews, Treasurer; William Gray, Secretary; Charles Amory, William Appleton, George Bond, N. I. Bowditch, Martin Brimmer, Thomas B. Curtis, Henry Edwards, Samuel A. Eliot, Robert Hooper, Jr., Thomas Lamb, Samuel Lawrence, and Robert G. Shaw, Trustees; Drs. James Jackson, John Randall, George C. Shattuck, and John Ware, Consulting Physicians; Drs. George B. Doane, John Jeffries, Abel L. Peirson, and Solomon D. Townsend, Consulting Surgeons; Dr. Gamaliel Bradford, Superintendent of the Hospital; Drs. Jacob Bigelow, Walter Channing, and Enoch Hale, Physicians; Dr. John B. S. Jackson, Consulting Physician; Drs. John C. Warren, and George Hayward, Surgeons; Dr. Luther V. Bell, Physician and Superintendent McLean Asylum; Mr. Columbus Tyler, Steward of do.; Mrs. Mary E. Tyler, Matron of do.

Statistics of Mortality.—The following condensed comparative view of the condition of the public health in the City of Lowell, Mass., in 1836 and 1837, was prepared by Dr. John O. Green, Chairman of the Board of Health, and was found appended to the annual statement of deaths in the official returns to the city authorities.

Diseases.	1836.	1837.	Diseases.	1836.	1837.
Consumption,	27	35	Measles,	5	7
Inflam. Lungs,	22	14	Apoplexy,	4	5
Cholera Infantum,	8	16	Inflam. Brain,	6	4
Typhus Fever,	37	26	Dropsy "	6	6
Scarlet Fever,	9	38	Chronic Diarrhœa,	14	4

Glanders in the Human Subject.—The last number of the "Memoirs of the Royal Academy of Medicine, Paris," contains a well-written monograph, by M. Rayer, on Glanders in the Human Subject. M. Rayer details eighteen case of this affection, and has illustrated his paper by some beautifully colored drawings. Another memoir, containing six

cases of Glanders, may be found in the 18th and 19th numbers of the "Berlin Medical Gazette" for 1837.—*London Lancet*.

Tobacco.—There are two distinct principles in tobacco, to which its medicinal and poisonous properties are to be ascribed; one an alkaline principle, the other an empyreumatic oil. One drop of the alkali, or *nicotina*, will kill a dog. The empyreumatic oil operates on the nervous system, and the *nicotina* on the irritability of the heart. When the infusion of tobacco is taken in sufficient quantity to operate on the cerebellum and spinal chord, it is attended, among other symptoms, with the most acute sensibility of the surface. This sensibility of the skin always attends powerful excitement of that portion of the nervous system, which is in fact the cause of it in hydrophobia.

A very striking instance of the energetic powers of the empyreumatic oil of tobacco, is detailed by M. Barrows, in his "Travels at the Cape." A Hottentot touched the tongue of a serpent with a drop of this oil from the tube of his tobacco pipe. The effect was instantaneous as an electric shock. With a convulsive motion, which was involuntary, the snake half untwisted himself and never stirred more; the muscles were so contracted that the whole animal felt hard and rigid, as if dried in the sun.

In the treatment of cases of poisoning by tobacco, the rapidity of the action of the poison leaves no time for the action of the stomach pump or emetics; it is therefore of the first importance to neutralize the poison as rapidly as possible, and this is readily effected by the infusion of galls, or any vegetable astringent. The tannic acid combines with the *nicotina*, and forms an insoluble salt. The next object is to rouse the prostrated nervous energy, by the administration of such stimulants as will operate quickly, namely, ammonia, and such like.—*Ibid*.

Medical Miscellany.—Dr. Smith, the Surgeon General of Texas, is now on his way to Washington, the bearer of government despatches.—Dr. Houghton has been appointed, by the executive of Michigan, to conduct the geological survey of that State.—The entire family of Dr. Helm, near Springfield, Ohio, recently came near being poisoned by arsenic. Dr. Dubois and a nephew of Dr. Helm were also sufferers. A third attempt has been made, in the same way, to murder them, yet no clue has been discovered to lead to the detection of the criminal.—Dr. Haskell's excellent introductory lecture before the Boston Physiological Society, has been published in a pamphlet form.—Eleven students of medicine, attending the late course of lectures in Boston, have passed a successful examination for the degree of doctor in medicine.—A celebrated quack, referred to in last week's Journal, who has enjoyed a reputation for curing bad ulcers, represented to be worth to him two or three thousand dollars a year, had one of his legs amputated last week, on account of an ulcer which defied his own skill—or else he was unwilling to hazard applications which have been liberally dispensed to others.—A convention of the physicians of Ohio has recently been held in the city of Columbus, which was well attended. An interesting communication from Professor Parker, who has lately returned from Europe, on French Surgery, was read, of which we shall hereafter give further notice.

TO CORRESPONDENTS.—The communications of Drs. Holmes and E. Alexander were received too late for this number.

☞ The Title-page and Index of Vol. XVII. will be sent to subscribers in the next number of the Journal.

Whole number of deaths in Boston, for the week ending Feb. 10, 33. Males, 21—Females, 17.

Consumption, 8—scald, 1—dropsy on the brain, 1—lung fever, 3—dropsy in the head, 1—fits, 2—marasmus, 1—child-bed, 1—inflammation of the lungs, 1—infantile, 2—apoplexy, 1—disease of the brain, 1—old age, 2—croup, 2—stillborn, 4.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Deland M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3.

lyreop

LOWE & REED,

24 Merchants Row, Boston.

VERMONT MEDICAL COLLEGE.

THE annual Course of Lectures, at this institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	- - -	H. H. CHILDS, M.D.
Pathological Anatomy, by	- - -	ELISHA BARTLETT, M.D.
General and Special Anatomy and Physiology, by	- - -	ROBERT WATTS, JR., M.D.
Principles and Practice of Surgery, by	- - -	GILMAN KIMBALL, M.D.
Chemistry and Materia Medica, by	- - -	DAVID PALMER, M.D.
Medical Jurisprudence, by	- - -	NORMAN WILLIAMS, A.M.

Woodstock, January 17th, 1838.

F7—eptM7

MEDICAL INSTRUCTION.

THE subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

JOSEPH H. FLINT.

Springfield, January, 1838.

Jan. 17.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOVER, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

JOHN H. DIX, M.D.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.

ASA B. SNOW, M.D.

E. WALTER LEACH, M.D.

HENRY G. CLARK, M.D.

JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVIII.]

WEDNESDAY, FEBRUARY 21, 1838.

[NO. 3.]

A CASE OF HYDATIDS IN THE LIVER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Should you deem the following case of sufficient interest for an insertion in your valuable Journal, it is at your service.

The subject of this case is a Congregational minister, and a foreigner, who arrived in this country from England in the month of August, 1834, and was at that time in the enjoyment of perfect health; aged 35 years, rather corpulent. In April, 1835, he had an ill turn of some three or four weeks continuance, arising from a severe cold, which was attended with considerable cough, hoarseness, and a slight spitting of blood. In a few weeks, however, these left him, and his health continued uninterruptedly good until January, 1836, when he received a severe fall upon his right breast and side, across a stick of timber, the effects of which he felt more or less through the winter, such as pain in his right side, together with considerable lassitude and debility, especially when he made any considerable exertion in speaking. In April his complaints had so far encroached upon his health that it was with great difficulty he could perform his ministerial labors on the Sabbath. At this period I was consulted. He had no fever, his bowels were regular, and there was no coat upon the tongue—his pulse were not accelerated, but were rather soft and feeble. The only thing he complained of, was a pain in his right side, which I found, upon examination, over the region of the liver, to present considerable tenderness, without any enlargement, at this time, of that organ. He was also obliged, generally, once or twice in the night to get out of bed to evacuate his water.

Supposing that his disease was a deranged condition of the functions of the liver, together with a congested state of its blood-vessels, at this time I took from his arm about six ounces of blood, when he becoming faint, I tied up the arm. Directed a blue pill twice a week at night, followed with senna and salts in the morning. In ten days, having received no benefit, I applied a large epispastic to the side, and when it had healed kept up an irritation with tartar ointment some five or six weeks, from which he received considerable relief. For his urinary complaint I directed uva ursi, but without any benefit. Though the pain in the side was much relieved, still the lassitude and general debility remained much the same, and supposing that this state of the system might be kept up by too close application to his studies and other ministerial duties, and that a respite from them might leave the system in

a condition to recover its lost tone, I advised him to visit the Springs, hoping that the journey and the waters might do much good in restoring his health. He spent six or seven weeks in July and August at the Springs, and returned much improved in appearance and in ability to preach. On his return from the Springs he resumed his labors, and continued them without much interruption until the close of the year. There was, however, during these several months, a marked and regular emaciation in his appearance.

From the time that he returned, up to the 15th January, 1837, I was not consulted by him, and he took, I believe, no medicine of any kind. On the 15th of January, 1837, he informed me that he had considerable pain in his side, which had been increasing two or three weeks, and thought he must apply another blister soon. On the 17th he improperly exposed himself to a storm and took a violent cold. 18th. Had pain in his head, back and limbs, with diarrhœa. 19th. Diarrhœa had ceased, but the other symptoms continued the same. On the 20th I was called in for the first time, and found him feverish and restless; he had considerable thirst, with nausea. I directed an emetic, to be followed with a cathartic of calomel and jalap—at night a Dover's powder, with a cup of hot drink in order to produce perspiration. 21st. At 4 o'clock in the morning, he was seized with most excruciating pain in his right side. Having been called out of town myself, Dr. Collins was called in, in the morning, who bled him and applied a large blister to his side. At 11 o'clock, A. M., I returned and bled him again. 8 o'clock in the evening, having obtained no relief, his pulse being still full and strong, I sat him up in bed and bled him again nearly to fainting. While dressing his blister, I noticed a great fulness over the region of the liver. Upon a more accurate examination I found there was an immense internal tumefaction or swelling, which was extremely tender to the touch. The whole hypochondriac region seemed to be filled with an enormous tumor of some kind. The ribs upon that side were very much pressed outwards by the tumor, which extended across the stomach to the left side, and downwards to the umbilicus. It presented to the sight and touch the appearance of an enormously enlarged liver. The borders of the tumor below and on the left side were distinctly seen and felt. The existence of any swelling had never been noticed by the patient, and this is the first time that I had any knowledge of it. I supposed it to be the liver enlarged by chronic inflammation or from vascular engorgement, and that the present severe attack was an acute inflammation supervening upon the chronic. 22d. The pain somewhat relieved—the blister drew well—directed calomel and opium, and the bowels to be moved with senna and salts. 23d. In the morning no material change. I began to fear that suppuration would take place, and even thought I could then detect a fluctuation. At evening my fears were but too well confirmed, for he had a severe chill of half an hour's duration, followed by great prostration of strength, with a weak, frequent, fluttering and intermitting pulse, and the whole body was covered with a cold clammy perspiration. I had to resort to diffusible stimulants, such as wine, carbonate of ammonia, &c., before I could rouse the system from its down-

ward course. Towards morning his pulse became more full and regular, heat returned to his extremities, and through the day he remained very comfortable. 24th. At evening he had another chill, which I shortened by giving immediately hot wine and water; but the sinking or collapse of the system was more severe and continued longer than it did the night before. On the morning of the 25th, fluctuation was very apparent.

I stated to my patient that an operation would be necessary in order to afford him any relief or any chance of recovery, and advised to a consultation, to which he assented. At 6 o'clock in the evening I met Drs. Jewett, Shedd, Collins and Fuller, in consultation, when, after a careful and thorough examination of his case, it was determined to make an opening into the tumor, as affording the only possible chance of relief, for it was apparent that the system must very soon irrevocably sink without it. I inserted a scalpel about one inch below the ribs into the tumor, cutting outwards as I withdrew the knife, making an incision about one and a half inches long in the integuments, and nearly as long into the cavity or cyst. From this opening there were discharged about six pounds, which consisted of pus and bloody serum, in which were discovered five or six hydatid cysts, some of which were discharged without being ruptured. In one of these there was a small substance that had an appearance like a clot of arterial blood floating in the transparent serum that filled the cyst. There were a large number of these clots discharged with the pus and serum, some as large as an ounce ball, which I imagine were discharged from some of the larger cysts when they ruptured.

The nature of the disease was now at once apparent. It was clearly a case of hydatids in the liver. In consequence of the distention produced upon the contiguous parts by the hydatids, and by other exciting causes, acute inflammation had taken place, followed by suppuration. In a short time after the incision was made, the patient breathed with more freedom, as by the discharge a great pressure was removed from the diaphragm; his pulse in a few hours became more regular, but remained remarkably soft and weak.

I shall now state, in a few words, what the general treatment was with my patient from this time until he recovered, or until he ceased to take medicine of any kind, which was the first of May, a few days over three months. He took brandy and wine in considerable quantities, how much I am unable to say, but probably a gallon of each. He took fifteen grains of quinine, in divided doses, daily, up to the first of April, when, being out of the article, I substituted the bark, of which he took, at first, a drachm once in two hours; and as he continued to improve, it was given only once in four, eight and twelve hours. He also took thirty drops of the solution of hydriodate of potash, twice a day; and when he required an anodyne at night, he took a pill of acetate of morphine. To regulate his bowels, he took rad. rhei, and Seidlitz powders, which moved the bowels, and, as he was usually thirsty, proved a most grateful beverage. During all this time his pulse were soft, varying from 65 to 90 in the minute. But to return.—On the morning of the 26th, the dis-

charge of a clear, limpid serum had been most abundant, wetting the bandages and bedding in all directions. For fifteen days the discharge of serum continued very profuse, with a cyst occasionally.

1st February. The discharge continued very abundant. Sometimes it was clear as water; at others, purulent, but inodorous. By inserting a probe I frequently ruptured a cyst, when its contents would run out in a stream. 10th. The opening into the cyst or cavity having contracted so much that no cysts could be discharged, I enlarged it with a director and bistoury, and then I could pull out, with a bent probe and forceps, from one to ten at every dressing. The discharge was now nearly a pint a day. I could discharge no cysts by pressure or change of position, and therefore was obliged to insert some kind of instrument into the opening to effect their discharge. The incision in the integuments becoming extremely painful and irritable, I was forced to devise some means to defend them when I introduced instruments into the cavity. To effect this object, I procured a silver tube, two and a half inches long, nearly half an inch in diameter, with a cap upon one end so that it could not slip into the cavity. This instrument I introduced into the cavity, and let it remain there constantly, to the very great relief of my patient. Through this I could pass other instruments, without causing any pain or inconvenience. I also injected a solution of muriate of soda, sometimes infusion of P. bark or solution c. sublimate, with no very apparent effect, either good or bad. The discharge became more purulent, but was still inodorous. On the sixth of March I threw in a strong solution of sulphate of zinc with considerable effect, for the discharge soon became extremely foetid, and the whole house seemed to be filled with the odor of sulphuretted hydrogen gas. This injection was probably so strong that it destroyed the vitality of the cysts, if they possessed any, for decomposition immediately ensued, the cysts coming out in pieces. Up to the 18th the discharge continued to become more and more purulent, was very profuse, and the emaciation of my patient extremely rapid.

I had tried various means to dislodge the hydatids and empty the sac, but without success—had tried repeatedly to draw its contents out with a syringe, to which a long pipe was attached; but the moment I began to draw the piston, the cysts would cover the opening into the pipe and prevent any ingress into the syringe. It usually took me one hour, night and morning, to dress his side. I began to lose all patience, and as for hope, in his case, I had none. At this time the thought struck me that I could adapt a long pipe to a syringe with a calibre sufficiently large to admit the cysts and pus through it. I immediately procured one as large as I could pass through the silver tube, and, to my infinite satisfaction, succeeded in emptying the cavity of its whole contents without the least difficulty. I then threw in a solution of Castile soap, and cleansed it perfectly. From this time the discharge was small in quantity, entirely serous, without a particle of pus, and without any odor. To the use of this syringe I attribute the recovery of my patient, more than to anything else.

From this time I washed out the sac, night and morning, with warm

water or a solution of Castile soap, and then threw in a stimulating injection, viz. one teaspoonful solution of hydriodate of potash in six ounces of water. In a few minutes I withdrew this, and left the cavity empty. I had sometimes thrown in more than a quart into this cavity, but when I had succeeded in emptying it with the syringe, it held about six ounces. On the 21st, it held four and a half ounces. 24th. The cavity has not lessened since the last date—used, for an injection, thirty drops of tincture of creosote, in two ounces of water. 27th. The cavity held two ounces. His appetite good, and he was gaining in strength. April 5. The cavity would hold about one ounce. The patient was gaining in flesh and strength; sat up about five hours a-day; walked his room half an hour twice a-day. The cavity had so much contracted that the silver tube pressed upon the internal parts and caused pain. I removed it and inserted a gum elastic catheter, one and a half inches long, with a cap to it, through which I continued to inject and exhaust the cavity. May 1st. Injected a solution of c. sublimate. Removed the gum tube; a small discharge of serum. 15th. I introduced a common dressing probe, five inches long, into his side, the whole length. There seemed nothing more than a narrow deep sinus, which continued to discharge serum. I began to fear that this sinus would never close. I again used creosote for injection. 30th. The discharge diminished immediately upon the use of the creosote. June 1st. The sinus had closed, and up to the present time, which is more than six months, has not again opened.

The number of cysts discharged in this case was nearly or quite 200, of all sizes, from that of a pea up to that of an orange; and one, which I suppose to be the parent, or original cyst, and in which all the others were probably contained, was sixteen or eighteen inches long, of the most delicate texture, ruptured and torn in all directions, and when spread out would probably have covered a half gallon jug. There was one cyst discharged through the tube, the size of an orange, without being ruptured, and about one third full. I rolled it several times, from one hand to the other, before it broke. I suppose that the cyst must have lost its vitality, and that transudation was the cause of its being partially empty. To show how extensive this cavity was, I will here state that I repeatedly, in the presence of others, introduced a silver instrument seven inches long, directly into the cavity, without reaching the bottom, and could turn a female catheter, six inches long, in all directions except towards the umbilicus, without apparently touching the parietes of the sac at all; so that all can judge of the enormous size of the hydatid, and of the cavity in the liver in which it was contained, for without doubt it was contained in the substance of the liver.

One other circumstance, and I have done. His urinary complaint, which had continued through the year, up to the very time of this operation, then ceased immediately, and has not since troubled him; showing, conclusively, that it was owing to pressure from this tumor upon the kidneys and ureters.

About the first of May he began to take exercise in the open air. In July he again visited the Springs, which, together with the journey,

very much improved his general health, and on his return he resumed his ministerial labors, and has continued them ever since, though he does not yet possess that bodily vigor that he once had. During his long and tedious illness he was always calm and resigned to the will of his Maker, which contributed, in no small degree, to his recovery.

Danville, Vt., January 30, 1838.

E. ALEXANDER.

FOREIGN CORRESPONDENCE.—PARISIAN HOSPITALS.

[The following interesting communication is from an eminent Boston physician, now in Europe. It came too late to be inserted in last week's Journal.]

MY DEAR SIR,—The hospitals of Paris are much improved of late years. The Hotel Dieu was formerly made to contain five or six thousand patients. Now, the number does not exceed twelve hundred. The wards are very large, perfectly clean, and as rarely present disagreeable effluvia as any rooms, containing a large collection of human beings, could be expected to do. But although everything appears fair, the mortality in these wards, especially after surgical operations, is much greater than in private houses. This is a general fact in hospitals, and the extent of its application, other things being equal, is proportionate to the number of persons placed in one enclosure. Small hospitals are, therefore, more healthy than large, and private houses more so than hospitals.

This mortality is to be attributed, principally, to the bad atmosphere of these places. The wards, or *salles*, are very large, and contain a great number of patients. Some of the wards of the Hotel Dieu have one hundred beds, placed in three rows—according to the length of the rooms. But there is no proportion between the height of the rooms and their extent. Of course, the air must soon become vitiated, unless some process is employed to change it. I believe there is no such process adopted in these hospitals. They are warmed, imperfectly, indeed, by stoves, around which the patients are seen to crowd—a proof that the rooms are not sufficiently heated. There are no open fire-places, nor air-flues, nor air-holes, to ventilate the rooms. If we reflect that the air of a moderate-sized bed chamber is vitiated by one or two persons, enclosed in it eight hours of the night, what must we suppose the air of a room to be which contains one hundred patients, affected with various diseases, and with wounds and ulcers and putrefying sores. I have mentioned these facts to professional gentlemen. But I have found here, and in most other places, that it is difficult to impress them with the fact that the mortality peculiar to hospitals arises from want of ventilation, and that ventilation by day is not sufficient to preserve the patients. It must be equally maintained through the night. Some of the English hospitals have fires through the whole of summer, day and night. This would not answer in France nor the United States; but means equally effectual, and quite unobjectionable, might be adopted, with a

little expense, which would be better bestowed on this than on almost any other object.

The patients in the Hotel Dieu are nursed by Religieuses, as are those in most of the Paris hospitals. These ladies are transferred from convents and seminaries, from time to time, as they are wanted. They fulfil their tasks with wonderful fidelity; and being persons of education and principle, they are much more to be relied on than common nurses. The same arrangement is adopted in Baltimore, in our own country, and with the best results. The institution of the "Sisters of Charity" is, I believe, peculiar to the Catholics, as I have not met with similar instances of self-devotion in any protestant establishment.

The number of physicians to this great institution is ten; the surgeons, three—so that each practitioner has about eighty patients. The greater part of the operations fall into the hands of one of the surgeons. Here figured M. Dupuytren—a surgeon of great celebrity for the adroitness of his operations and his talent in explaining and setting them forth. He wrote little, and the results of his experience are therefore lost, except so far as they have been preserved in the "*Leçons Orales*," prepared by another person, and of course presenting a doubtful view of the practice of this surgeon. Dupuytren was succeeded by M. Roux, who had, for twenty years or more, been surgeon of La Charité, and is now considered as the first of the operating surgeons of Paris. M. Roux was about the age of Dupuytren, and was bred in the same school. In facility and rapidity of operation he equals the former, and is more to be relied on for his frankness. He visits the hospital at seven in the morning; and on three days of the week, after a visit of two hours' duration, lectures for an hour and then operates; for there is scarcely any of these days without some operation. He takes a deep interest in his profession, and seems to enjoy his visit highly. I have seen him do a number of the capital operations with admirable precision. The French surgeons have been charged with neglecting their patients after operation. But I have noticed, in regard to this gentleman, that he is very careful about his dressings at the operation and afterwards, frequently passing ten or fifteen minutes in dressing a compound fracture or an excised joint.

Among the physicians of the Hotel Dieu there is none so well known with us, and none so highly esteemed, as M. Louis, the celebrated author of the application of the numerical method to observations on fever, with the view of ascertaining, with arithmetical precision, the phenomena which belong to this important disease. I was introduced to him at the Hotel Dieu, in the morning. When I approached the bed where he was making his visit, with the aid of a dimly burning candle, towering in the midst of the pupils, I saw a tall upright man, with a countenance rather pale, bearing the marks of sagacity and deep reflection. He was intently occupied with his patient, and seemed to be conscious of nothing but what related to him. His inquiries were very minute; and when the patient gave him doubtful answers, which he frequently did, he repeated his questions until he obtained definite answers. Although his questions were rapidly asked, the investigation

was long, before he became satisfied that he had possession of all the important facts. He then gave to the students a brief abstract of the history of the case, his opinion as to its nature, and terminated with his prescription.

As he left the bed, and I was presented to him by my friend, his countenance relaxed, and he received me with the greatest politeness. As I walked round with him, he made known the nature of all the interesting cases, and encouraged me to question him and to make such remarks as occurred to me. Since then I have frequently visited with him, and always with gratification. The interest is most deep when a new patient presents, as then the character of the disease is to be made out. As all the cases are carefully recorded, such a mode of investigating the diseases must afford a mass of knowledge. The difficulty in bringing out useful results from such a multitude of observations, lies in the successive application of synthetical and analytical reasoning to the cases. In private conversations I had with M. Louis, he explained to me his mode of drawing his inductions, which appeared to me to be a practical model of exact philosophizing. It is not in my power to give a correct notion of it; but for the satisfaction of those who may wish to have some idea of his method, I will state, that, 1. From the journal of diseases containing, for example, sixty cases, he made a table, at the head of which was placed all the principal symptoms of the disease, in separate columns, and on the left hand of the table the list of patients. Then in each column was placed the character of each symptom in each patient. This table was of extraordinary extent. 2. From this first table another was then made, in which were brought together the symptoms of each of the columns, showing the number of cases in which any particular symptom appeared. The labor necessary to accomplish such a work is immense, and I should have found it difficult to conceive of it, had I not seen the tables themselves. As, however, the whole of these tables and inferences are based on correct observations, the first step in the process is to observe with accuracy. The manner in which this is to be done, is stated with exactness in a paper just published by M. Louis, in the first volume of "*Memoirs of the Medical Society of Observation.*" This should be translated and published in the United States, and every medical student should read it before he reads any other medical book; and if he makes himself master of it, he will, I venture to say, become a very different physician from what he might have been without it.

For want of the precision which M. Louis has introduced into the study of disease, millions of observations have been made without advancing the progress of medical science; many of them, in fact, have retarded, instead of advancing it. Consider the loads of volumes which are annually brought out with the design of supporting a new theory, of introducing a new medicine, or, rather, with the design of gaining the author a little celebrity, and you will, I think, agree with me that there must be a general reform in our modes of study and observation. But I am indulging in general and sage remarks, when I should employ the little time I have in stating facts for your amusement.

As it would be impossible for me to give even sketches of all the distinguished men in our profession here, I must be satisfied with furnishing you with a mere list of some of those whom I personally know, or whose instructions and other labors I have noticed.

DUMERIL is the only one of thirty professors of the School of Medicine, existing at the time I was here formerly, who now survives. He is, you know, a distinguished naturalist and comparative anatomist. His head is silvered by age, but he continues to be a laborious and successful professor of the School of Medicine and the Garden of Plants.

BROUSSAIS still lectures at the School of Medicine, though much advanced in life, and is not attended by many students. He amuses himself by satirical attacks on Andral and Louis, and others who have overturned his doctrines. Lately, it is said, he has devoted himself to phrenology.

RICHERAND, the physiologist, lectures at the school, on operations of surgery. A small number of pupils attend his instructions, as it is difficult to hear them.

ANDRAL, well known with us, lectures on internal pathology, and has a crowded audience, say ten or twelve hundred pupils, to attend his lectures.

ORFILA lectures on chemistry, to a crowded audience.

JERDY lectures on external pathology, and is much followed.

BRESCHET, distinguished as an author and a physician of sound judgment, is the lecturer on anatomy.

VELPEAU is surgeon at La Charité. He is considered as one of the best informed surgeons, and is an admirable lecturer.

CLOQUET JULES—an excellent surgeon, and lecturer at the hospital of the School of Medicine.

BLANDIN, surgeon at the Hotel Dieu, is highly considered as a surgeon, anatomist, and lecturer.

MALGAIGNE is a private lecturer, who has distinguished himself by new and correct views of dislocations. He has just published a work on surgical anatomy.

GUEIM has a most extensive orthopedic institution; that is, an institution for remedying deformities. He is much respected as a scientific practitioner.

CIVIALE is the last, among a crowd of distinguished persons that occur to me, whom I can now mention. His operations for lithotrity are little short of marvellous. I have seen him use a variety of instruments for breaking the stone in the bladder, without extorting from the patient a groan or a start. His success is equal to the excellence of his manœuvres, and has quite altered my views of lithotrity. But this is a copious subject, and I am afraid to begin on it now.

A view of the course of instruction here, and of the comparative advantages of the French, English, and American schools, would be highly interesting. This, however, I must endeavor to present on a future occasion, and in a different mode.

Among the subjects which agitate the profession in Paris, at present, are the following.

The cause of death after operations and wounds, generally called, here, *metastatic* abscess. Opinions are divided between two theories. According to one, the cause of death is a metastasis or transfer of pus from the wound to the great organs. According to the other, it is a *phlebitis*, or inflammation of the veins. The first of these theories is contrary to exact physiology. The other wants the support of observation. This is all I can say on the topic at present.

Another subject, which is now causing a very curious and amusing dispute, is the question of introduction of air into the veins, in surgical operations; a question, you know, in which I am particularly interested. Velpeau, Jerdy, and Blandin, have taken the negative position; Roux, Amussat, and most of the distinguished surgeons, the affirmative. I have attended the discussions and experiments with deep interest, and have been referred to, frequently, both in public and private. The discussion is now at its zenith.

Velpeau's mode of treating fractures by permanent bandage—cure of hydrocele by iodine—treatment of fistula lachrymalis by destroying the puncta lachrymalia—cure of varicose veins by pins stuck under them—cure of club-foot by dividing the tendo-achillis—Malgaigne's treatment of dislocations, &c. &c., are among the surgical novelties of the day.

You wish to know how I have been received here. In reply, it gives me pleasure to say that every facility has been afforded me for obtaining the information I wish, and all possible kindness shown, in public and private. The surgeons, in going round the wards, call for me at every interesting case, often request me to examine the patient, and ask my opinion. If it does not accord with theirs, we have a discussion. At the surgical operations I am always placed near the table, and sometimes assist the operator. At the lectures, the professor always offers me a chair by his side. In the Royal Academy of Medicine they have more than once favored me with an honorable notice. I mention these facts with more pleasure, because I had been informed that the French were very careless in regard to foreigners. But I must say, that their professional attentions and private hospitalities are such as must be most gratifying and satisfactory to a stranger. Accept the assurances of respect from your friend and servant.

J. C. W.

Paris, Dec. 30, 1837.

EPILEPSY—GANGRENE OF THE LUNG—TUMOR OF THE BRAIN.

[Communicated for the Boston Medical and Surgical Journal.]

ON the 30th of May, 1834, I was called to visit Robert R., a young man 30 years of age, who had been attacked by an epileptic fit. On reaching his house, I found him in the comatose kind of state which usually succeeds such seizures, the convulsions having ceased before I saw him. This was the first attack which had come to the knowledge of his family. An individual from a neighboring town having been called in, with whom I declined intercourse, I saw no more of the case for some time, and am unacquainted with the treatment adopted. The fits,

however, increased in frequency and violence till the beginning of October, when I took the case. At this period the seizures occurred at irregular intervals, and continued from 24 to 48 hours in constant succession, the patient not recovering from one before he was attacked by another. I at first directed my attention to the general health, but utterly without effect. Venesection, the nitrate of silver, spt. tereb., and nearly the whole round of medicines usually employed in such cases, were combined with the strictest attention to diet and regimen, without the least alleviation of the symptoms. On the contrary, instead of occurring only once in two or three weeks, as at first, they were repeated every two or three days. They came on without warning, continuing, as before, for hours together. It may be well to notice here that while applying lavements to the head, I had remarked *two very remarkable prominences or tumors on the upper and back part of the skull*, one on each side of the sagittal suture. They were of the size and shape of a large thimble, but rather wider. They had been noticed by the family of the patient, though very lately. My attendance was finally discontinued, and the patient passed through the hands of divers empirics, with whose prescriptions I am not acquainted.

Towards the close of April, 1835, a new train of symptoms occurred. A copious expectoration of black and intolerably offensive matter came on suddenly, without any previous indications of disease of the lungs, varying in quantity from one to three half pints per diem; so say the family. On the 21st of May he died, very suddenly, and I was requested to open the body.

The left lung was healthy, no morbid appearance being discoverable. The right lung was gangrenous through a considerable extent. This side of the thorax was also half filled with a black and very fetid mass of semifluid matter, of the consistence of cream, and the fingers passed almost without resistance through the whole of the middle portion of the lung. There was a cavity in it capable of containing a large apple, the walls of which were composed of unresisting, black, pulmonary parenchyma. No tuberculous matter was discovered in either lung; but several very strong adhesions between the costal and pulmonary pleuræ.

The membranes of the brain were found tolerably healthy. But two large and prominent tumors presented themselves in the brain, *corresponding exactly in situation, size and shape with those already mentioned as having been noticed on the outside of the skull*. They were of the size of large walnuts, and exactly fitted into the prominence on the outside, as we found by trial. They were situated on the posterior lobes of the cerebrum, one on each side of the median line, and were composed of a kind of cheesy matter, soft, and differing in appearance from the rest of the brain. The vessels of the brain, generally, were injected, and a large and recent clot of blood was seen lying at its base. Some members of the family of the deceased being present, we were unable to ascertain precisely its extent or origin. Three gentlemen, my pupils, were also present during the whole examination. Whether prominences on the surface of the cranium have ever been considered as indications of corresponding tumors within its cavity, I cannot say. But the whole case seemed to me remarkable; and from the notes I

then made, I send you this rough and hasty sketch. The complete coaptation of the cranium and the tumor seemed to me to tend to overthrow the theories of certain would-be philosophers, who ridicule the idea that the bones of the skull receive their peculiar form in any degree from the brain within them.

S. HOLMES.

Bristol, R. I., February 7th, 1838.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 21, 1838.

MASSACHUSETTS GENERAL HOSPITAL.

FROM the annual report of the Board of Trustees, the following interesting statistical facts are selected.

"It appears from the Report of the Superintendent, that the whole number of patients received at the Hospital in Allen street, during the year 1837, has been 440, of whom 206 have been cured, and 152 relieved. It is believed that this department of the Institution has been administered with as much fidelity, care and success, as during any former year. The occasional appearance of erysipelas, and the apprehension of an increase of this distressing malady among the patients of the hospital, has been a source of deep solicitude to the Trustees. With the hope of arresting its progress, some improvements have been adopted in order to secure a more free and perfect ventilation of the wards; and at the suggestion of the medical officers, the upper panels of the doors, and the flues for the admission of the external air, have been differently arranged with a view to this object. The evil, however, has not been effectually removed. Some suggestions upon this subject have been lately received from Dr. Warren, now absent in England, founded upon his observation of similar institutions in that country, whose communication has been referred to a special Committee of the Trustees.

"During the past year, Dr. James Jackson has retired from the office of a physician of the hospital, which situation he had held from its first establishment. The Trustees, immediately upon accepting his resignation, placed a free bed at his disposal during life, and subsequently requested him to sit for his portrait; thus proving to him and to the public, the high estimation in which they held his character and his services. By the latter of these measures, there will be preserved at the hospital to future times, a visible memorial of one to whom our institution, in a great degree, owes its origin, and to whom it has always been deeply indebted for its reputation and usefulness—one who, in the discharge of his official duties, has left a bright example to all who may succeed him, and whose name will never be mentioned by the friends of the hospital, but with affection and gratitude.

"The number of boarders received at the McLean Asylum for the Insane, during the year, has been 120, of whom 72 have been discharged, cured. The last Annual Report mentioned the fact, that Dr. Luther V. Bell had been elected to the office of Physician and Superintendent, after the lamented death of Dr. Lee. Every anticipation in which the Trustees then indulged, in regard to the gentleman thus selected, has

been in the fullest manner realized. He has most successfully carried out the same system of moral and medical treatment, which had been previously adopted. He has, like his eminent predecessors, identified himself with the interests and usefulness of the institution, and his administration, like theirs, has been marked by devotedness to the great objects for which it was founded. To all the boarders at the Asylum, for whom such indulgences were proper, the usual opportunities have been given for exercise, recreation, and amusement, and for attending the stated religious ordinances. They have found a cheerful and innocent relaxation in joining the parties for music and dancing which have been regularly permitted them, and which have invariably been conducted with the strictest propriety. They have also willingly and cheerfully given their time and labor to the cause of benevolence, at the stated meetings of the Belknap sewing circle; while each returning Sabbath has witnessed a congregation voluntarily assembled, to join with becoming feelings of devotion, in the duties of that sacred day. It is evident to the Trustees that the satisfactory and happy results of this moral discipline, are every day more and more fully developed; and they cannot doubt but that many an individual, whose mind has there been recalled from its wanderings, will regard as his greatest benefactors, the munificent donors who founded this institution, or extended its means of usefulness; and will ever cherish a grateful remembrance of the kind attentions, and the untiring zeal and fidelity of those to whose immediate care its management has been intrusted."

Further extracts will be given hereafter.

Dr. Delafield's Address.—A remarkably well-executed specimen of printing, of 44 pages, octavo, entitled an *Introductory Address to the Students in Medicine of the College of Physicians and Surgeons of the University of New York*, delivered November 7th, 1837, by Edward Delafield, Professor of Obstetrics and the Diseases of Women and Children, has been received within a few days. Its principal object is to inculcate a sense of the obligation which the medical student is under to the world, and points out to him the proper mode of pursuing study and the subjects which have the highest claim to his consideration. Dr. Delafield's observations in relation to the practitioner of midwifery, the department in which he appears to be most at home, are exceedingly judicious and appropriate. On the whole, we regard the address in the light of a respectable introductory, but by no means the best specimen of the author's talents.

Croup.—An octavo pamphlet of 40 pages, entitled an *Inaugural Dissertation on Croup*, by J. H. Wright, M.D., is before us. We shall make occasional extracts from it, as opportunity presents, with a view of giving the reader the best opportunity of understanding the author.

Royal Physicians.—The Queen of England ascended the throne in June, and one of her first measures was to organize the royal household. Lists of persons in each department were prepared, and amongst others, the medical list was submitted to her, headed with *Sir Henry Hallford*, *Sir Matthew Tierney*, and some other pillars of that clique of medical

exclusives, called the College of Physicians. "Sir J. Clark is my physician," quietly remarked the queen. "Certainly," said a noble official, "his name shall be added to the catalogue." It was then written at the bottom of the list, and the whole again read to her. "There is a mistake," said the queen, "*my physician must come first*, and afterwards you may put on what names you please." So it was done, and Sir J. Clark is the royal physician. But when the official announcement of the medical honor reached the college, they were in a dilemma—for it appeared that "*my physician*" did not belong to that ilk. Mortified and provoked as they were, beyond endurance, to be thwarted in the commencement of a new reign, in monopolizing all the honor and all the fees, as they and their knighted predecessors had done for ages, a show of acquiescence was made, by sending Sir J. Clark a diploma, forthwith. But the medical baronet haughtily refused their parchment honors. It was too late in the day. He had risen to distinction by his own personal industry and excellent character, unaided, uncared for—and, if asked, would probably have said, unknown to the illustrious members of the Royal College. Sir Henry Halford; the president, who has been fed from the royal crib of three kings (George III. George IV. and William IV.), with gilded oats, is now the *second* physician of the queen.

Elephantiasis Scroti.—Our readers will doubtless recollect the account given, some months ago, of Dr. Picton's formidable operation for *scrotal hypertrophy*. We have recently heard, from New Orleans, that the patient upon whom that great surgical operation was performed, is entirely well, and there is not a trace which would lead any one to fear a regeneration of the disease. All the procreative organs perform their functions as formerly. Dr. Jacobs, of St. Croix, in a similar case, determined to abscise the whole tumor; whereas Dr. Picton carefully dissected and preserved the genital apparatus, which not only demonstrates the value and practicability of this mammoth operation, but it also shows the unerring resources of modern surgery. We understand the tumor will be placed in the anatomical museum of the old school, at Philadelphia. A young French artist, of New Orleans, who is represented to be of the first order, has executed a highly finished, full-length portrait of the patient, before and after the operation—copies of which should be on sale in this and the other principal cities in the Union. We regard the whole matter, from the beginning to the end, as one of extraordinary interest to the whole medical profession.

Boston Society for Medical Improvement.—The anniversary meeting of this Society took place on Wednesday evening. The oration by J. Roby, M.D., Secretary to the Society, was characterized by vivid and humorous illustrations of the truth of an adage, as old as the time of Hippocrates, *medicè vivere, miserè vivere*. The poem by O. W. Holmes, M.D., was conceived in a spirit of playful satire, and was delivered in a most happy and finished manner.

Fee Bill.—The following scale of charges, for professional services, was adopted by the Washington County (N. Y.), Medical Society in June last.

Advice at office	-	-	-	-	-	-	\$0 50
Veneseec., Ext. Dent., Cath., Emet., each,	-	-	-	-	-	-	25
Ordinary visit under one mile,	-	-	-	-	-	-	50

For each additional mile, extra,	-	-	-	-	25
Nocturnal visit,	"	-	-	-	50
Detention per hour,	"	-	-	-	25
Consultation,	"	-	-	-	2 to 5 00
Obstetrics, ordinary, not over six hours,	-	-	-	-	4 00
Difficult—extraordinary cases—discretionary.					
Catheter, single introduction,	-	-	-	-	2 00
" each succeeding,	-	-	-	-	1 00
Fracture, Thigh and leg,	-	-	-	-	5 to 10 00
" all others,	-	-	-	-	2 to 5 00
Compound do., extra—discretionary.					
Dislocation, Hip,	-	-	-	-	10 to 25 00
" all others,	-	-	-	-	3 to 10 00
Compound do., extra—discretionary.					
Amputation of large extremities,	-	-	-	-	25 00
Vaccination, single patient,	-	-	-	-	1 00
Paracentesis,	-	-	-	-	5 to 10 00
Hernia, reduction by taxis,	-	-	-	-	2 00
" " by operation,	-	-	-	-	20 00
Trepanning,	-	-	-	-	20 00
Lithotomy,	-	-	-	-	50 00

Chase's Trusses.—Some of the recently manufactured trusses, invented by Dr. Chase, of Philadelphia, are among the most beautiful specimens of mechanical ingenuity and perfect workmanship in this country. We are happy to learn that there is no falling off of the opinion, long since promulgated by competent surgeons, that these instruments are as perfect as it is supposed possible to have them. Dr. Leach, of Boston, is the only person to apply to, in this section of the country, who has had a long experience in adjusting them to the various kinds of hernial tumors.

Medical Miscellany.—The cholera has re-appeared at Naples. Of the 80,000 Russians who marched into Circassia, a few only have returned, and they were so severely attacked with ophthalmia that most of them are blind and rendered incapable of service.—A catalogue of the Louisville Medical Institute has been received, showing one hundred students, their first term.—Dr. Bartlett's address before the Phrenological Society is greatly admired.—Dr. Rockwell, Health Officer of New York, has been nominated to the Senate, notwithstanding some have said he lacks official capacity. He is unquestionably a first-rate man for the place, as his past services testify.—At the last accounts, Dr. Warren, of Boston, now travelling in Europe, was on his way to Italy.—The Vermont Mercury says there have been only four *deaths* by smallpox in Woodstock. We do not see how this fact in any manner contradicts the statements in the letter from Woodstock, inserted in this Journal for January 17th, although apparently published for that purpose.

DIED.—In Lexington, Ky., John Eberle, M.D., Prof. of the Theory and Practice of Medicine in Transylvania University.—In New York, Dr. Ansell W. Ives, Editor of the American edition of Paris's Pharmacologia.—In Sodus, N. H., Dr Caleb Richardson, formerly of Templeton, aged 65.

Whole number of deaths in Boston, for the week ending Feb. 17, 33. Males, 19—Females, 14.
Consumption, 5—slow fever, 1—lung fever, 6—inflammation of the brain, 1—hooping cough, 2—pleurisy fever, 1—infantile, 2—inflammation of the lungs, 3—disease of the heart, 1—child-bed, 1—marasmus, 1—diarrhoea, 1—hydrocephalus, 1—stoppage in the bowels, 1—croup, 2—typhus fever, 1—measles, 1—dropsy, 1—convulsions, 1—apoplexy, 1.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	- - - - -	" DR. WARE.
On the Principles and Practice of Surgery,	- - - - -	" DR. OTIS.
On Anatomy,	- - - - -	" DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Light and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct. 18—tf

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in *two* Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.
ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

MEDICAL INSTRUCTION.

THE subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

Springfield, January, 1838.

Jan. 17.

JOSEPH H. FLINT.

VERMONT MEDICAL COLLEGE.

THE annual Course of Lectures, at this institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics,	by	H. H. CHILDS, M.D.
Pathological Anatomy,	- - - - -	ELISHA BARTLETT, M.D.
General and Special Anatomy and Physiology,	- - - - -	ROBERT WATTS, JR., M.D.
Principles and Practice of Surgery,	- - - - -	GILMAN KIMBALL, M.D.
Chemistry and Materia Medica,	- - - - -	DAVID PALMER, M.D.
Medical Jurisprudence,	- - - - -	NORMAN WILLIAMS, A.M.

Woodstock, January 17th, 1838.

F7—eptM7

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVIII.]

WEDNESDAY, FEBRUARY 28, 1838.

[NO. 4.]

DR. MARSHALL HALL ON TUBERCLE.

[Continued from page 26.]

M. Louis's Researches concluded.

“THE changes in the large intestine, are the same as those in the small intestine, but in different proportion, so that I have found it perfectly healthy 3 times only in 95 cases.

“Of that number, the mucous membrane of the colon was—

“1. Reddened in all its length, in 27 cases; interruptedly in 12; without interruption in 15; and this redness was very intense, except in 3 cases.

“2. It was softened in 61 cases; either in all its extent, or in a part of its extent only; generally without alteration of color.

“When red and softened, the mucous membrane of the colon is often mammelated, thin, like that of the stomach in similar circumstances. Sometimes it is destroyed over a considerable extent, and the cellular tissue laid bare is much thickened, though retaining its whiteness.

“When softening is united to redness and thickening of the mucous membrane, it is evidently inflammatory; but what shall we think of softening alone?

“Tuberculous granulations existed in 1 case in 6, or 13 times in 95 cases. Ulcerations are much more common; I found them in 70 cases; almost as frequently, indeed, as in the small intestine; they are considerable in 3 cases out of 4, that is, from 3 to 4 lines in diameter, or even less, and are then frequently distributed uniformly along the whole intestine. In other cases, the frequency of the ulcerations diminishes as we ascend from the cæcum to the ascending colon, to the transverse colon and rectum, in the ratio of 17, 11, 8, and 4. The largest are those of the cæcum, and of the adjacent portion of the colon. I have seen them occupy the whole contour of the cæcum and of the ascending colon uninterruptedly for the space of 8 or 9 inches in length; whilst the largest ulceration I have observed in the rectum was not more than 2 inches in breadth.

“The ulcerations of the intestine are frequently independent of inflammation; at least, this is evident at their commencement, in regard to the small intestine, in a great number of cases, in which they are the result of the softening of tubercles; for the development of these cannot be attributed to the inflammation of the mucous membrane, the adjacent part of which remains unaffected, as long as they remain unsoft-

ened. The same thing obtains in some cases in regard to the large intestine, and for the same reasons. In the cases in which we cannot refer them to the softening of tubercles, of which there are no traces, we cannot consider them as the effect, at least solely, of inflammation; inasmuch as this does not commonly develop itself in isolated portions in the intestine; and in regard to the small intestine, although the traces of inflammation are much less frequent, ulcerations are much more so than in the colon. But if these ulcerations be ascribed to inflammation, this must be supposed to have a special character, or at least a special seat, since the ulcerations generally occupy Peyer's glands. We may add, as we have stated above, that these ulcerations are extremely rare in other chronic diseases, although inflammation of the mucous membrane of the intestine is not unfrequent.

"Besides, with the exception of the tuberculous granulations, the lesions, which have been noticed, are not peculiar to phthisis; they are observed, also, in other chronic diseases, but in different proportions. In 85 cases of this kind, 7 presented ulcerations, smaller than the large ulcerations of phthisis, and different in structure and form. Of these, 4 were cases of dysentery. Softening of the mucous membrane, with or without redness and thickening, took place in 1 case in 3; that is, in less proportion than in cases of phthisis.

"The *mesenteric* glands were found tuberculous in 23 cases out of 102 of phthisis; this affection being apparently uninfluenced, as to frequency or extent, by the duration of the disease.

"The glands nearest the *cæcum* were most frequently affected.

"The glands of the *mesocolon* are less frequently tuberculous than those of the mesentery; and I have not found grey, semi-transparent granulations in either.

"I have found the *cervical* glands more or less tuberculous 8 times in 80 cases; and in 4 of these the mucous membrane of the trachea was perfectly healthy, a proof, among a thousand, that inflammation of the membranes with which the lymphatic glands communicate, is not a necessary condition of their tubercular transformation.

"Besides this transformation, the *lymphatic* glands were more or less red and enlarged in a certain number of cases of phthisis and of other diseases; but in the latter they were free from tubercles.

"I have found the *liver* fatty in 40 cases of phthisis out of 120, while it has been so in 2 cases only out of 223 of acute and chronic diseases; so that the fatty liver is almost peculiar to phthisis.

"The fatty liver is more frequently found in women than in men, in the proportion of 4 to 1.

"The strength or weakness, and the age of the patient, and the more or less rapid course of the disease, seem to exert no influence upon this state of the liver. The liver may become fatty very rapidly, since I have observed it in cases of only 50 days duration.

"No symptom denotes this fatty state of the liver except its augmented size, a state scarcely ever observed in phthisis, except in this case.

"I have only found tubercles in the liver twice in 120 cases of phthisis, and never in other diseases.

“The *gall-bladder* presents no morbid appearance peculiar to phthisis. The proportion, however, of cases in which the bile contained in it is of a deep color, thick, and, as it were, half fluid, is greater than in other diseases. This state of the bile existed in 1 case out of 3, of those cases in which the liver was fatty, and much more frequently than in other cases of phthisis.

“There was no relation between the condition of the bile and that of the stomach.

“The volume and consistency of the *spleen* varied much, and nearly in equal proportions, in phthisis and in other diseases. One lesion of this organ only belongs to phthisis—that is, tubercles, which I have found in 1 case in 14, or 7 times in 90 cases. These tubercles are much less frequently rounded in the *spleen* than in other organs, and much less frequently united with grey, semi-transparent granulations, a fact which I have observed only since 1825.

“The *kidneys* were found diseased in 1 case in 4; in the same proportion, indeed, as in other diseases. In 3 cases only were there tubercles, and in 1 a false membrane of a tuberculous character was attached along the ureters.

“In 40 cases, examined with care, the *prostate* contained tubercles in 3 cases, and in 1 of these tuberculous matter existed in the *vesiculæ seminales* and *vasa deferentia*.

“Most of the lesions of the *uterus* and *ovarium* observed in phthisis, are equally observed in other chronic diseases; one only is peculiar to phthisis—tubercles, which formed a superficial layer upon the uterus in one case, and which were found in the ovarium in 2 others.

“The principal lesions of the *peritoneum* in phthisis are the effusion of a certain quantity of serum, or of pus, adhesion, and tubercles. I have found the first in 22 cases, or in 1 case in 5, nearly in the proportion in which it is found in other chronic diseases, excepting organic diseases of the heart. I have found pus in 4 cases of phthisis, whilst if we except organic affections of the uterus, I have only found such an effusion once in 80 cases of other diseases. In regard to tubercles, I have only found them in 4 cases, in which they also existed in the lungs, and in 1 of these this matter coexisted with a certain quantity of grey, semi-transparent matter upon the omentum, which was from 12 to 15 lines in thickness.

“In 1 case only I have found universally diffused cellular adhesions in the abdomen of a phthisical patient; the peritoneum was healthy in other respects. I have not observed this lesion in any other chronic disease, a fact which proves the extreme rarity of acute diffused peritonitis. I have not observed such a case since the publication of my ‘Researches on Phthisis,’ except in the case of perforation of the intestine in the course of typhus fever.

“The lesions observed in the *brain* and its membranes are the same in phthisis and other chronic diseases. I have observed in phthisis, first, 2 cases of soft, false membrane, on the surface of the arachnoid; secondly, an effusion of from 1 to 2 tablespoonfuls of serum in the occipital fossæ, in one half of the cases; and a larger quantity of the same

liquid in the spinal canal, every time it was opened; a quantity of serum in the lateral ventricles proportionate to the duration of the 'agonie,' or state of sinking, an appearance which was absent, or nearly so, in the cases of sudden death; in 3 cases only I found a spoonful and a half of serum in the third ventricle.

"The *pia mater* was infiltrated in 3 cases out of 4.

"The *cerebral substance* was of a consistence greatly less than natural in 5 cases; in 1 the softening was confined to one of the hemispheres; in 6 this softening, to a degree almost amounting to a pulp, was confined to the fornix, or corpora striata. These lesions occur equally in other chronic diseases.

"The only lesion which I have found in the brain in phthisis only, is tubercles.

"Thus, all the serous membranes—the arachnoid, the pericardium, the pleura, the peritoneum—are, in many cases, the seat of effusion of greater or less extent. It is in the lateral ventricles of the brain that it is observed most frequently, in considerable quantity especially. The same membranes become the seat of acute inflammation in the last stage of the disease, but the pleura more frequently than the rest.

"The period at which the various lesions which have been described take place, is very variable. The pneumonia, the pleurisy, the redness and softening of the mucous membrane of the stomach, the pulpy softening of that of the colon, the peritonitis, the arachnitis, the partial and pulpy softening of the brain, occurred in the last stage of the disease. Most of the lesions were the results of inflammation, and denoted that the weakness of the patient was rather favorable than unfavorable to the development of this morbid action. The other lesions took place earlier in the disease, sometimes in its very commencement; such were the extensive ulcerations of the intestinal canal in some of the cases, &c.

"Some of the lesions were peculiar to phthisis, others independent of it, and common to various chronic diseases. Amongst the first were ulcerations of the larynx, and especially of the trachea and epiglottis—the ulceration of the small and large intestine, especially of the former, the fatty state of the liver. The ulcerations, wherever seated, have some things in common. When the mucous membrane was destroyed, the sub-mucous cellular tissue became thickened, and more or less uneven. After a certain time this ulcerates, and then the muscular coat first thickens and then ulcerates in its turn. In this manner it is rare to observe the destruction complete; for, as one membrane ulcerates, the other thickens, and thus resists the total destruction of the part, and postpones the fatal event.

"One lesion is peculiar to phthisis—tubercles, wherever they may be found. With one exception only, I have never found tubercles after the age of 15, in any viscus, without finding them at the same time in the lungs, so that their existence in the lungs seems a necessary condition to their development elsewhere. Another fact seems to attest the same thing. With one single exception, I have always found the tubercles *more* developed in the lungs than in any other organ, whilst

when they existed in several other organs, they were observed in them to be in the *same* stage of development. This last fact seems to prove the operation of a cause acting simultaneously upon many and distant parts, different in their structure, independently of the first exciting cause."

This is an extraordinary document, although it is one of extreme value, and exhibits the results of immense labor. There does not exist its parallel in medical literature.

[To be continued.]

THE PRACTICE OF MIDWIFERY.

[THE following are the concluding remarks of Dr. Delafield, of New York, in the Introductory Address alluded in the Journal for last week.]

Having thus, Gentlemen, passed in rapid review the several subjects which must engage you as students of medicine, and pointed out the order in which you should take them up, let me close these remarks by calling your attention for a moment to the department of medicine which it is my duty to teach in the ensuing course of lectures. You will find, that to understand midwifery, and the treatment of the diseases of women and children, you can dispense with no part of the knowledge which I have declared essential to the accomplished physician. You will find that the practitioner of midwifery requires to be equally a physician and a surgeon. If he be educated exclusively for either the one or the other of these branches of the healing art, he must necessarily be incompetent to practise midwifery. He must be a physician; for he is daily called upon to treat many of the most important, most dangerous, and most obscure diseases. He must be a surgeon; for he has operations to perform requiring all the surgeon's skill. He must have an exact knowledge of the anatomy of the parts which are the subject of operation; great dexterity, and such as is only acquired by repeated practice; great resolution and perseverance; for without these he never can accomplish obstetric operations. He must especially have remarkable presence of mind; for in no cases is he more frequently called upon than in obstetric emergencies to relieve patients from the dangers arising from sudden accidents; from situations in which death is imminent; and when the terror and alarm of those around the patient, as well as her immediate danger, leave him entirely dependent upon his own resources.

Let us attempt to illustrate these propositions by slightly reviewing some of the cases in which the obstetric practitioner is called upon, and thus prove the necessity of a thorough knowledge of both medicine and surgery.

The practitioner of midwifery must be a physician. His duty is to treat the diseases of women and of children. The diseases of these two classes of persons furnish, indeed, the principal source of occupation to every medical man. If any such, engaged in large practice, should keep a register of all the cases he treats in a year, he would perhaps be surprised to find how constantly he has been occupied with the care of women and children, and in how comparatively small a num-

ber of instances men become his patients. The causes acting upon the health of the female, both natural and accidental; arising in the one case from the peculiarities in her constitution by which she is fitted for the great function of reproducing her species; and, in the other, from errors in education, both physical and moral, and the usages of society which more constantly are influencing the habits of the sex—these causes are incessant in their operation, and act in a variety of modes, which are abundantly competent to account for all the phenomena they produce.

The generative process, as far as it is performed by men, has comparatively slight influence upon their health. But in the female, its performance brings along with it a series of diseases and dangers, peculiar to the sex, which entitle her to our warmest sympathies, and the exercise of our best faculties in devising means to relieve her diseases and avert her dangers. How large a portion of the lives of most married women is devoted to the bearing of children. The long period of pregnancy, during which she often suffers from a variety of ailments, in themselves constituting a formidable list of human ills; the process of childbirth, attended, as it always is, with intense suffering, and often with dangers of the most imminent kind; the period of recovery from this state, during which severe maladies originate, which may ever after impair the health and ruin the happiness of the poor sufferer; and lastly, the whole period of lactation, with the cares and anxieties of the mother watching over her infant; and, perhaps, worn down at last, and losing her health in the very effort her constitution makes to supply nourishment to her offspring; how many of the best days of our mothers are thus employed! And when, in giving birth to a numerous progeny, these various processes are repeated again and again, is it wonderful that women are obliged so often to seek the advice and assistance of physicians.

Let any one of us inquire minutely into the condition of health of any number of females of our acquaintance. We shall find, that if we discover one individual of the weaker sex habitually free from any kind of disorder or disease, it is almost an exception to a general law: and for one such exception, we meet with numerous examples of women habitually suffering under complaints, often slight, often serious, but all more or less tending to impair the enjoyment of life.

They share with the other sex all the common diseases incident to humanity. The numerous derangements to which the digestive apparatus is subject; the less frequent, but even more dangerous diseases incident to the lungs and other respiratory organs; the whole list of fevers and inflammatory diseases which are every day calling upon us for relief; all these and many others are equally shared by women with ourselves. But when, besides those already adverted to as incident to the performance of the generative function, we add the numerous class of disorders to which they are subject from a more exquisitely organized nervous system, how largely do they bear the share of physical ills to which our race is subject. The other peculiar function of the female, menstruation, adds still more to the catalogue of diseases she has to suffer.

Many young females permanently lose their health by the constitution failing in the effort to establish this function; and in after life, its suppression or diminution, or its occurrence too frequently or in excess, all interfere more or less with the health; while the period of the cessation of the menses, although perhaps too much dreaded by women themselves, is justly regarded as often developing in the individual new and formidable diseases, peculiar to females, and to that particular epoch of their lives.

In males there is no analogous cause of disorder to the health. The age of puberty, with boys, is generally one of uninterrupted good health, and subject to none of the disorders which in the other sex are constantly exciting the solicitude of the mother and the physician. Nor at the age when the male loses the power of reproducing his species, corresponding to the cessation of the menses in the female, is there, to any remarkable extent, a peculiar proneness to disease. Indeed, in the male there is not, as in the female, a certain age when the generative powers cease. In the latter, almost uniformly, the menses cease to appear between the fortieth and fiftieth year, and this cessation at once marks and fixes the period of the failure of the generative powers. In males it is not so. There is hardly any age which can be assumed as being the limit to the generative powers of men; and so well established is this fact, that the English laws allow no such limit during the life of the individual; while examples are well authenticated of offspring being born to fathers of an age approaching the extreme verge of the limit of human life.

Such are some of the causes operating upon the health of females to produce the numerous diseases to which they are subject; and the mere enumeration of them would abundantly illustrate the necessity of a thorough knowledge of *medicine*, of being a good *physician*, for every individual who assumes to himself the duties of a practitioner especially devoted to the treatment of their diseases.

But the practitioner of midwifery must also be a surgeon; he must be an anatomist; he must have skill, resolution, perseverance, and presence of mind. Let any one of you, gentlemen, attempt, for the first time in your lives, in a case of labor, where the shoulder is the presenting part, to turn the child and deliver by the feet. Let the woman have been in labor several days, the membranes broken, the uterus strongly contracted upon the body of the child; the patient resisting the efforts of the operator, and his progress constantly interrupted by the renewed throes of labor. Recollect, under all these circumstances, the value of the life which is at stake—the wife of a devoted husband, the daughter of affectionate parents, the mother of children, whose loss can never be supplied to them;—and then, without knowledge, without dexterity, without resolution, perseverance, and presence of mind, attempt the operation, and imagine the result.

Or, in another case, where the child is born, but the placenta undelivered; sudden hemorrhage occurs, and at once threatens the destruction of life within a time so short, that if a moment be lost in reflecting what is to be done, death is at hand. We see the suddenly pale and

ghastly countenance, the blanched and death-like color of the lip—we hear the almost inaudible voice uttering only the tones of delirium, and observe the restless tossing to and fro of the patient, almost ready to expire. At such a moment, imagine yourselves, gentlemen, deficient in any one of the points I have suggested, and wanting the confidence in yourselves which knowledge and skill alone can inspire; and judge how unenviable will be your feelings.

Would that I had never seen the results of such cases when managed by the unskilful and the ignorant; and worse even than this, the destruction of life sometimes produced by rash and barbarous attempts at effecting artificial delivery, when all assistance was entirely unnecessary, and when a mere knowledge of the powers of nature alone would have produced a happy result simply by leaving the case to itself. In witnessing such cases, I have sometimes felt that more than a doubt existed, whether most good or evil was done by the attendance of practitioners, taking them altogether, male and female, skilful and ignorant, upon cases of labor; whether the lives of more mothers and children were lost by want of proper assistance rendered in due time, or by improper attempts at assistance when it was not required. If women are sometimes suffered to die from loss of blood with the placenta undelivered, or from exhaustion in labor resisted by some obstacle which the natural powers cannot overcome; so, too, their lives are sometimes destroyed by rupture of the uterus in forcible and unskilful attempts to deliver the placenta or turn the child; from lacerations of the parts by instruments; or the subsequent occurrence of inflammation and sloughing from undue violence, either manual or instrumental.

But this is the dark side of the picture. Look also at the other. You are called to a case of labor protracted by some obstacle, in which the patient is almost worn out with exhaustion, and she and those around already despair of a happy result; in which hours, or even days have elapsed in unavailing struggles; and perhaps unsuccessful attempts have already been made by others to effect the delivery. You find the case within the reach of art, and, confiding in yourselves, you at once apply the appropriate remedy, and save both the mother and child. By a dexterous application of the forceps in one case, or by means of the hand altering the position of the *fœtus* in another, you remove the cause of delay and finish the delivery. The sudden revulsion of feeling of the desperate patient, and the no less despairing friends; the expressions of gratitude she and they pour forth; the eloquent countenances of the husband and mother, depicting what in language they cannot utter: these, gentlemen, are rewards which are sufficient; that will amply repay you for all the time, all the labor, all the expense you may have bestowed in acquiring the knowledge and skill which will enable you to produce such results.

CASE OF AMAUROSIS FROM PLETHORA,

TREATED SUCCESSFULLY BY LOCAL AND GENERAL BLOODLETTING, COUNTER-IRRITATION, LOW DIET, ETC.

[Communicated for the Boston Medical and Surgical Journal.]

SEPTEMBER 10th, 1836. Dr. J. H. Flint was consulted for a complete amaurosis of both eyes, by Mr. P., æt. 24. Vision had been impaired nearly a year. The history and symptoms of the case were as follows.

He had for a number of months been the subject of momentary blindness, particularly, under circumstances favoring a determination of blood to the brain, or interrupting the circulation through it. The failure of vision was sudden and total. The general health was much disordered, and he was subject to deep-seated, protracted headache. His habits were such as to promote a general fulness of the vascular system. He had, for a long time, been the subject of repeated daily attacks of epistaxis, which were now partially suppressed, occurring not oftener than once or twice a week. A month preceding the entire failure of vision, he sought medical advice for the severe headache which occurred in paroxysms from seven to twelve hours continuance. General bleeding, purging and blistering were persisted in for a number of weeks, without any perceptible benefit. The epistaxis was almost entirely suppressed, and in a few weeks the failure of vision was constant and total.

When he applied for advice, all the symptoms concurred to indicate an active congestion of the cerebral vessels and compression of the optic nerve, as the probable cause of blindness.

With a view to diminish the general fulness of the vessels, particularly of the head, and equalize the circulation as far as possible, general and local bleeding were directed, in connection with vegetable diet, active counter-irritation, and such alterant and cathartic medicines as were necessary to secure a regular performance of the functions. The local bleedings were obtained by puncturing the nostrils, in imitation of the previous provision of nature by the former frequent epistaxis. Nothing could have been more happy in its immediate result than this simple practice of pricking the septum of the nostrils. There was a marked improvement after the continuance of it for three or four days, and each subsequent renewal of the hæmorrhage, which was promoted by sternutations, &c., illustrated the importance of this discharge.

In the course of six weeks the power of vision was so far restored, that from being unable to distinguish the house wall from the window, he could mark and follow passing objects, especially on cloudy days and the hour of twilight. He noticed and picked up white objects, as bits of cloth and paper, from the floor. It is to be regretted that he left the hospital at this time, when every day was rich in promise of a perfect cure, with the conceit that he and his friends were adequate to the subsequent management of the case.

After the patient left Dr. Flint's care, the local bleedings were discontinued, and the blindness returned as completely as before. In the course of six weeks he was seized with an apoplectic attack, from which

he slowly recovered; thus proving, beyond a doubt, that the cause of amaurosis was to be found in the fulness of the cerebral vessels.

Northampton, February, 1838.

J. H. WRIGHT, M.D.

ANOMALOUS DISEASE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In complying with your request relative to the patients whom you saw with me yesterday, I proceed with diffidence to give some account of the circumstances and symptoms attending a disease more remarkable, in some respects, than any I have before observed.

The family above referred to consists of ten persons, viz., Mr. C., aged 50; Mrs. C., aged 44; five children between the ages of 23 and 10 years; a niece, 19; a man and maid servant, 30 and 40 years—all of whom, previous to the attack, were in good health. On Thursday, January 25th, Mrs. C. became sick; Wednesday, 31st, the niece; Thursday, February 1st, Mary Ann C., aged 23; Friday, 2d, Mr. C.; and on the 4th, the man. The symptoms, in all, were remarkably uniform—differing somewhat in degree, rather than kind, and the description which follows is applicable to each, with one or two exceptions to be noticed subsequently.

The first symptom noticed deviating from health, was a slight chill or sensation of cold, creeping over the body, followed by pain through the orbits and balls of the eye, and temples, attended with very great depression of strength; and within 24 hours from the attack, the pulse were from 120 to 140 per minute, and easily compressed; tongue rather red at the edges, and covered with a thin, moist, white coat; mucous membrane of the throat slightly inflamed; thirst moderate; temperature of surface natural, and rather dry; no appetite; stomach quiet; bowels easily moved and free of pain.

On the second day the eyelids became œdematous; the conjunctiva was also loaded with water, and in some instances protruded between the lids, the surface of which was slightly inflamed. An efflorescence also extended over the face, neck and hands, and slightly on the arms and some parts of the body. Motion of the head and limbs was painful; and on particular inquiry and examination, I ascertained the fact that pressure on any and every muscle of the system, and compressing the muscles attending the long bones, gave acute pain. The least contraction of a muscle was a source of suffering, and the most trifling change of position so irksome, that the attempt was of rare occurrence. The joints, bones, lungs, intestinal tube and brain, after third day, appeared the only portions of the system free from the morbid influence.

On the third day the swelling of the face was more diffused, extending to the cheeks and very slightly to the arms, accompanied with considerable redness and occasional sensation of heat in the face and surface generally. Pulse, in erect and horizontal position, from 120 to 140; respiration natural; urine very small and high colored; nights restless; stomach and bowels quiet; secretions natural.

Fourth day. Swelling of eyelids and face much diminished; coat of tongue much the same; throat more inflamed; depression of strength out of all proportion to violence of other symptoms; pulse still frequent; motion as painful as on previous day; no regular paroxysms of fever. Mrs. C. has been perfectly helpless, on her bed, from the day of my first visit, being incapable of the least motion, except of the arms. The other four have been able to sit up most of the day, and walk the room, although with great pain and difficulty. Mrs. C. and niece suffered œdema of the lower extremities, extending to the knees, from tenth day of disease. Indeed all the individuals, at different times, have given evidence of more or less infiltration of the cellular tissues of various parts of the body.

February 17th. They all are much in the same state as on the fourth day of the disease. The only sensible change is a less frequent pulse, now 100 to 120; better nights; some slight inclination for food; less thirst, and *increase of debility*.

Relative to remedies—a variety have been employed in the early stage. Leeches, antimonials to a moderate extent, with laxatives, diuretics, opiates, bathing, and, more recently, diffusible stimuli and tonics—with a hope of increasing the tone of system. Nothing, however, appears to possess any positive influence over the disease. Laudanum and Dover's powders I think most conducive to their comfort.

Thus I have endeavored to give a faithful but brief account of the symptoms manifested in this obscure affection; and permit to add, as the result of my observations, that, in my opinion, the cellular tissue is chiefly, if not entirely, its present and past location. In connection with the foregoing it is proper to state that the family enjoy all the comforts of life, being in possession largely of this "world's goods." The house in which they live is situated on elevated, dry, and light ground, and only separated by the road from Mount Auburn, in Cambridge. I have examined with care every part of the house, cellar and cooking apparatus. The cellar is clean, and contains vegetables in a healthy state. The house clean, spacious and well arranged. I noticed in the kitchen a copper vessel belonging to the stove, clean, but not tinned within. The water used by the family, the last two months, is brought from a well a few rods from the house, through a lead pipe terminating in a copper pump, apparently well tinned within. The well, before the present improvement, had been little used for many years. Previous, however, to the recent arrangement, it was perfectly cleansed by removing the water several times from it.

The above account I transmit to you, with a hope (if worthy of a place in your pages), that some members of the profession may be favored with a similar privilege, for the purpose of communicating any facts or suggestions relative to the origin, pathology, or treatment of the disease.

Yours truly,

Watertown, February 17, 1838.

HIRAM HOSMER.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 28, 1838.

STATISTICS OF THE INSANE.

DR. BELL's report of the condition of the McLean Asylum, of which he is the medical superintendent, is an interesting document. We have always considered his appointment a happy choice, and the skill and fidelity with which he conducts the institution must be gratifying to the community. A few detached portions, only, are extracted from the annual return made to the Trustees, but they are sufficient to illustrate the success of Dr. Bell's administration.

"The number of patients remaining at the end of December, 1836, was - - - - 43 males, and 28 females, 71
Received during 1837, - - - 63 " 57 " 120

Whole number who have enjoyed the benefits of the Asylum during the year, 106 males, and 85 females, —

"There have been discharged during the same period: 191

Recovered,					Males.	Females.	Total.
Recent,	-	-	-	-	30	29	
Old, -	-	-	-	-	6	7	
					<hr/>	<hr/>	
					36	36	72
Much Improved,							
Recent,	-	-	-	-	0	3	
Old, -	-	-	-	-	6	0	
					<hr/>	<hr/>	
					6	3	9
Improved,							
Recent,	-	-	-	-	2	0	
Old, -	-	-	-	-	1	1	
					<hr/>	<hr/>	
					3	1	4
Not Improved,							
Recent,	-	-	-	-	1	1	
Old, -	-	-	-	-	4	3	
					<hr/>	<hr/>	
					5	4	9
Dead,							
Recent,	-	-	-	-	1	2	
Old, -	-	-	-	-	2	3	
					<hr/>	<hr/>	
					3	5	8
Unfit (not proving insane)	-	-	-	-	-	-	3
Total discharged,	-	-	-	-	-	-	105
Number remaining January 1, 1838,	-	-	-	-	-	-	86

"The proportion of recoveries of those discharged during the past year has been in recent cases, 86 1-2 per cent; of old cases, 38 per cent,

and of all about 71 per cent ;* a measure of success, which it is believed will not be found to have been exceeded in the annals of institutions of this kind.

"To illustrate the often repeated subject of the high importance of early subjection to the treatment of a proper institution, it may be mentioned that of all those dismissed during the year whose cases did not exceed six months' standing before admission, with the exception of some few promising instances in which the pecuniary inability of friends compelled a removal after the insufficient trial of not more than a single quarter, every individual was believed to have been restored. So that of recent cases within this limit, one hundred per cent may justly rank as having been curable."

"With the increased number of patients, we are also gratified with the belief that there never before has been amongst them such an amount of cultivated intellect, moral worth, and value to society, as during the past year. The peculiar condition of the commercial world has been felt within our walls by the addition of not a few sufferers of the character referred to, whose urbanity of manners, encouraging example to their fellow sufferers, grateful acknowledgments for the care and attentions bestowed on them, and renewed social usefulness when restored to health, have fully repaid us for all our exertions. The freedom with which many of these respected inmates of this and former years, have referred to their residence here, and their frequent and apparently not ungrateful visits to these scenes, serve to evince and at the same time to contribute to the impression beginning to exist in well-informed society, that alienation of mind from disease brings no disgrace to the sufferer, and deserves not to be considered or alluded to with a morbid feeling of delicacy or mortification, as if any just ground of difference existed between this and other forms of disease."

"The peculiarities of the system of moral influences here applied, have been pretty fully developed in the last Annual Reports to your Board, and remain essentially the same. In this, as in every institution which has kept pace with the age, everything like severity has never been found necessary, and the great principle of mild, soothing, persuasive, yet firm, decided, parental treatment has proved fully adequate to accomplish every desired result. It may be confidently alleged, that the amount of employment in useful labor and active amusement, the self-respect and self-control generally indicated in the dress, manners, and conversation of the inmates, as well as the curative results detailed, show that no inefficiency need be apprehended from the sway of gentleness and forbearance, combined with unyielding firmness, even-handed impartiality, and adherence to good faith over the mind diseased."

Ophthalmic Quackery.—From the examination of an unusually long recommendatory puff, in one of our exchange papers, it is apparent that the great transatlantic adventurer is again in the field, beating up for patients. It is one of the misfortunes of the people of this country that they are not contented with homebred impositions, but manifest the most

* It is important in any comparison of results, to notice whether in the division of cases, the term *recent* is confined to cases of a duration of six months or a year, as the difference is very material, and no uniform standard is employed in insane hospitals. Here, cases of not over a year's standing are considered *recent*. If cases of only six months and less were deemed recent, the results would appear still more favorable.

eager desire to patronize every foreign adventurer that lands on our shores, even at the expense of their eyes.

Dr. Bedford's Lectures on Obstetrics.—At the close of this gentleman's private course, on the 10th, at New York, the students organized themselves and chose a committee to return their thanks to him for the very able and acceptable manner in which he had lectured to them on Obstetrics and the Diseases of Women and Children. It is very evident, from the warmth of expression in the resolves, that Dr. Bedford has not only an excellent mode of communicating professional knowledge, but a happy tact, and, withal, which is still more important, a well-grounded acquaintance with the subject to which his original and powerful mind is devoted.

New Publications.—By looking at Dr. Dunglison's list of new books sent to him for examination, we notice the *Philadelphia Practice of Midwifery*, by Charles D. Meigs, M.D., beside some others of a minor character, which do not appear to have reached this latitude. Should either of them be received here, it will give us pleasure to present their claims, provided they have any, to our professional brethren of the north.

Dr. Graves's Lectures.—The American Medical Library is republishing this gentleman's Clinical Lectures, which are admirable. It is a matter of regret that the limits of our Journal would not allow of the same course, in detail. The high claims of Dr. Graves, who resides in Dublin, are acknowledged by all who have an opportunity of studying these discourses. We do not hesitate to say that these lectures, alone, are actually worth, to the medical practitioner, the annual subscription of the Journal in which they appear.

Transylvania University.—Notwithstanding the colonization of a part of the old faculty at Louisville, and the organization there of a rival school of medicine, the old school of Lexington has been nobly sustained the present term. Two hundred and twenty-seven students were matriculated. This, therefore, in point of numbers, is the second medical college in the Union. The death of Professor Eberle is a sad misfortune. He possessed those excellent qualities of head and heart which are always appreciated. As an author and teacher, he was eminently distinguished.

Medical Provident Institution of Scotland.—Every five years the affairs of the institution are brought to a balance, and two thirds of the surplus divided amongst the contributors; the remaining one third being carried forward as a guarantee, and to meet any extraordinary contingencies.

Case of Triplets.—A case of premature delivery of triplets occurred at South Boston on Friday last. Of three male fœtuses, the first was putrid, the second stillborn but perfect, the third lived eighteen hours after birth. The woman is doing well. Duration of pregnancy, between six and a half and seven months.

Cure for Foul Breath.—M. Cavarra has uniformly succeeded in curing by means of the following gargle, the foul breath which arises from a morbid condition of the mouth. He was led to its habitual employment by the complete relief it afforded in a case of foul breath from mercurial salivation. R. Sulph. alumin. et potass., ʒij. ; aq. puræ ʒiv. M. Ft. gargarism.—*American Jour. Med. Sciences.*

Mercurial Ointment for the Cure of Chilblains.—Dr. Desgranges has employed the mercurial ointment for the cure of chilblains with the happiest effects. The parts being first rubbed with the ointment, are then covered with a piece of linen spread with the same. M. G. often weakens the common ointment by adding simple cerate, in the proportion of one or two drachms of the former to an ounce of the latter.—*Ibid.*

Tannate of Lead in Gangrenous Sores.—Dr. Tott has employed the tannate of lead in several cases of gangrenous sores, with marked advantage. The preparation may be made by pouring a solution of acetate plumbi drop by drop, on a decoction of oak bark, as long as any precipitate forms. The precipitate is then collected and spread on linen, or united with lard in the proportion of two drachms of the former to an ounce of the latter.—*Ibid.*

Test of Morphia.—M. Lafargue, in a communication to the French Academy, states that the most invariable and delicate test of the treatment of morphia is to be found in inoculation. He has tried infusions of several of the species of poppy which contain that principle, and of their cogeners which do not, and he finds invariably that a small quantity introduced under the skin, as in vaccination, is followed by the development of a papula of determinate character.—*Ibid.*

Ligature of the Primitive Carotid.—This operation has been successfully performed by Dr. Bedor, of Troyes, for the cure of traumatic hemorrhage, in a man twenty years of age, resulting from a wound in front of the right axilla. The man was discharged cured on the forty-fifth day.—*La Presse Médicale.*

Influence of Vaccination on Hooping Cough.—Experiments made at the hospital for children in Paris, tend to show that vaccination exerts no control over the progress of pertussis. Ten children laboring under this disease, who had never been vaccinated, have been admitted into the hospital just named within the last four years, and of these nine were vaccinated. Pustules were regularly developed, but the hooping cough was in no respect modified by the vaccine disease.—*Bull. Gén. de Thérap.*

Ligature of the External Iliac Artery.—This operation was successfully performed by M. Lisfranc, in May, 1836, for the cure of aneurism situated about half an inch from the crural arch. A single flat ligature, four threads united, was applied, and the limb afterwards enveloped in warm cloths, frequently renewed, which M. L. prefers to bags of warm sand; the latter impeding the capillary circulation by their weight, and acting as rubefacients when the sand is overheated.—*Ibid.*

Whole number of deaths in Boston, for the week ending Feb. 24, 41. Males, 20—Females, 21.

Consumption, 3—infantile, 3—croup, 1—disease of the brain, 1—dropsy on the brain, 1—fits, 2—lung fever, 5—convulsions, 2—inflammation of the lungs, 2—sudden, 1—disease of the heart, 1—inflammation of the bowels, 1—child-bed, 1—jaundice, 1—cancer 1—suicide. 1—worms, 1—scarlet fever, 1—dropsy in the head, 1—old age, 2—stoppage in the bowels, 1—stillborn, 7.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafeld M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3.

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LOWE & REED,

24 Merchants Row, Boston.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

MEDICAL INSTRUCTION.

THE subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

Springfield, January, 1838.

Jan. 17.

JOSEPH H. FLINT.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in *two* Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.

ASA B. SNOW, M.D.

E. WALTER LEACH, M.D.

HENRY G. CLARK, M.D.

JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

VERMONT MEDICAL COLLEGE.

THE annual Course of Lectures, at this institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by

H. H. CHILDS, M.D.

Pathological Anatomy, by

ELISHA BARTLETT, M.D.

General and Special Anatomy and Physiology, by

ROBERT WATTS, JR., M.D.

Principles and Practice of Surgery, by

GILMAN KIMBALL, M.D.

Chemistry and Materia Medica, by

DAVID PALMER, M.D.

Medical Jurisprudence, by

NORMAN WILLIAMS, A.M.

Woodstock, January 17th, 1838.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$2.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVIII.]

WEDNESDAY, MARCH 7, 1838.

[NO. 5.]

STATE OF MEDICINE IN PARIS.

[Communicated for the Boston Medical and Surgical Journal.]

Paris, May 25th, 1837.

SINCE my first visit to the Hospital of Charity (in Jacob street), its wards and baths are become among the best in Paris. The Clinical Hospital, opposite to the School of Medicine, is also advantageously re-organized. In these, and in the Hotel Dieu, and in the museum of the School of Medicine, the porter is more scrupulous than formerly as to the admission of visitors; so that, except at the times appointed for visits, the stranger must show special reason for admission. It will be a facility if he can propose a visit to a professional officer on duty in the hospitals.

The Salpêtrière, the asylum, principally, of aged women (its front equalling in size and comeliness any of the palaces), shelters 5500 persons, among whom is the department of 1100 insane women. In this immense asylum of the poor, admirable to behold, are found the same sort of buildings, of *one* story, of *separate* rooms, opening upon beautiful courts, edged with neat piazzas, facing good prospects, as in the private asylum of Dr. E., devoted to the rich: and admirable is the patience and management with which the complaints of the inmates are heard by the physicians who superintend them. On the other hand, so excessive has been the zeal of the lay-administrators of the asylum, that without, and even contrary to the judgment of the physicians, they have needlessly and unskillfully erected nearly a dozen separate houses of four rooms each, for the more retired accommodation of certain patients; which isolation thwarts that principle of constant attendance and vigilance which is indispensable in asylums of this sort.*

The principal peculiarity of the modern French asylums for insanity is the use of buildings of one story, to prevent the danger of staircases, the appearance of window-bars, and the fatigue of the service. In comparison with these advantages, the cost of ground and of roof are held

* Had the trustees of one of our asylums restrained their presumption in venturing to expend the fruits of public liberality on edifices, as to the uses of which they were uninformed, until the enlightened — had been established in his functions, or had they even deigned to listen to some of the suggestions which a humble predecessor had urged, the immense cost which afterwards accrued under the requisitions of early experience would have been avoided, and I should be now spared the mortification of silently hearing, "You have nothing like this, although our records show that we took pains to show these things to you very long ago. *Vidisti meliora, probastique; deteriora secutus es.*" The consequent inconveniences and corrective costs have been great and discouraging to some persons who were disposed to be benefactors to that asylum.

to be of small importance. The grounds are, of late, much extended here, and are cultivated by 50 patients from the Section of the hospital of Bicêtre which is appropriated to insane men, who are daily marched here for labor.

My first knowledge of the Salpêtrière was with the high privilege of the guidance of its great physician, Pinel, and of his, now illustrious, associate, Esquirol. Pinel received me most kindly, an unrecommended stranger, and inquired with much interest after Dr. Rush, who had lately written his book on "Diseases of the Mind." Pinel was then nearly seventy years old. His mildness, patience, forbearance, and encouraging spirit towards the insane women, some hundreds, under his charge, and towards their inquiring and anxious friends, were admirable. As a teacher, he excelled in the precision and variety of his notes and tables, and as a natural historian of disease. His frequent question was—"How are we to know when and how far it is advisable to intermeddle with a malady, unless we have learned its natural and ordinary termination, if left to itself? We do not know enough to be authorized, in every case, to try to alter or arrest its course. Observing and experienced men handle the appliances of their art with delicate reserve, considering themselves as only ministers of nature." Pinel has gone to his reward. In Esquirol's study is a good marble bust of him, which well accords with my remembrance of the original. Esquirol is no longer attached to the Salpêtrière. The medical service of this Section is performed by M. Pariset, who is also Perpetual Secretary of the Academy of Medicine, where he resides; M. Falret, author of treatises on hypochondria, suicide, &c.; and Dr. Mitivier, Esquirol's nephew, and son by adoption, and associate in his celebrated private asylum at Ivry, two and a half miles from Paris. M. Falret, with M. Voisin, has an excellent asylum at Vanves, two and a half miles from Paris, comprising sixty acres. My family will not forget the good will which they experienced from this interesting household.—M. Pariset has been in Egypt; he is a man of extensive and various ideas, and of very lively imagination; in manners he recalls to me Pinel. Esquirol is transferred to the principal charge of the great public asylum for insanity, at Charenton, near to Paris. He goes there twice or thrice a week, at 7, A. M., even in winter, and is there employed till 2, P. M. This asylum has been of late greatly improved, and is continuing to be so: "Yet," says Esquirol, "I sometimes regret my women at the Salpêtrière." He has removed his private asylum from his residence near the Garden of Plants, where I used to see it, to the neighborhood of Paris, where he purchased 25 acres, having on them three houses, for \$40,000. To this sum he has added \$60,000, being the earnings of 35 years. He has there built an edifice of ten rooms, with a piazza, on a single floor, and with an appendage to each room of a sleeping room for the attendant of the patient occupying the principal room, and who never quits his charge. This edifice is at the head of a garden or lawn. From its ends proceed piazzas forming the boundaries of the lawn, and terminating in a fourth piazza which is enclosed by a railing, through which an extensive prospect is presented. A more

retired and smaller court is behind the building. A billiard-room and bathing-room is appended. Each sex is thus separately accommodated. They pass all of the pleasant weather, with their attendants, in the lawns, or in going abroad, or in some occupation. The convalescents reside in the other houses on the estate. All who are able, of both sexes, meet at the table of the agreeable family of Dr. Mitivier, and pass the evening in his parlor. The douche, coming in a column of even two inches, from a height even of eight feet, upon the head of an otherwise unimpressible, extravagant patient, must be influential. Only thirty patients are here received. Natives pay \$80 per month, and foreigners \$100, including all expenses. The interest of the cost of the asylum is not realized; but Dr. E. has no children, and says he has no need of money, but is sufficiently gratified by the application, in practice, of his professional views. There are eleven persons employed in the general domestic service of the house, besides those who are devoted immediately to the patients. One of my fellow visitors to this asylum, published an account of it in Colburn's Monthly Magazine, London, which has been quoted in the Albion, New York. Some years ago, Esquirol, under commission from the Minister of the Interior, visited most of the receptacles for insane people on the Continent; his observations in that tour are condensed under the article, "Houses for Insane People," in the *Dic. des Scien. Med.* Lately infirm health led him to pass nearly a year in Italy. He exhibits much intellectual refinement. He was correcting the proof-sheets of a collection of his professional memoirs. To be again received, so cordially as I was, and my family too, by one so eminently useful as he has been, and to find him, after so long an interval of distant separation from him, still so useful, is a rare and high satisfaction.

Dr. Esquirol has a room lined with perfectly prepared skulls of persons intellectually remarkable. They are very plainly and neatly numbered, in reference to a book descriptive of them. As Dr. Spurzheim had spoken to me of Dr. E., stating, among other things, that they unitedly attended to the examination of the head of Casimir Perrier (a model of which I noticed at Dr. E.'s), I asked if Dr. S. had studied this collection of skulls, &c. In answer, Dr. E. pointed to me skull No. 571, in which the outer surface of the parietal bones is very remarkably depressed, into a deep furrow, no correspondence to which is found within! No. 247, in which a large portion of the outer surface is very prominent, and the correspondent internal plate within is equally prominent inward and downward! E. said that these were by no means solitary specimens in his collection of such organization, and that from the time, long ago, when Dr. S. examined them, his researches among the specimens in this cabinet were discontinued. The physiognomical part of his doctrine supposes that the external and internal surfaces of the skull are parallel.—Among the patients in Dr. E.'s asylum, I conversed with one, a Belgian gentleman, aged about 30, well educated. He had lately made his first visit to Paris. At the end of two months, in the court-yard of the Court-house, he struck an officer of the establishment who happened to be in his way. On being questioned,

he answered that he had no other reason for giving the blow than he would have had for striking an animal which obstructed his passage. He declined the aid of counsel. His landlord had noticed nothing remarkable in his deportment: he had been regular and orderly. He had travelled much, particularly in Great Britain, with what object it did not appear. In the Court-house a jurist-physician is readily attendant, in aid of such inquiries as he can promote: he suggested that the Belgian was under alienation of mind: he was accordingly consigned to Bicêtre, and his family in Belgium were advised of his condition. In answer, they commissioned some one to transfer him to Dr. E.'s asylum; who says that he has noticed no aberration of mind in him, and that he should not hesitate to resign him to the demand of his family.

The hospital of Bicêtre, half a league from Paris, has a Section for insane men, under the charge of M. Ferrus (son-in-law of the late surgeon Dubois), aided by Scipio Pinel, resident in the hospital, son of the great physician before named, and author of a recent 4to on Insanity. This Section is also much improved and improving. There are wards for epileptics, for idiots, and for sick people. There is a sitting room or refectory for 100 madmen, attended by 10 guardians. M. Ferrus comes here thrice weekly, at 8, A. M., even in winter, by an omnibus. His salary is \$600. There is a Section for infirm old men in the medical charge of M. Rouchoux, author of a valuable treatise on apoplexy: he resides in the hospital. His salary is \$240. M. R. is of a very lively spirit, and very zealously devoted to science. Through M. Thiers, M. Ferrus was lately commissioned to visit the European asylums for insane people. In Great Britain, as he does not understand English, some medical man, who understood French, accompanied him in his course, until they met another medical interpreter, and so on through his tour. In 1834 he published "*Rapport sur les aliénés*," p. 300. He showed me some of his own unpublished notes, drawings, &c., and a portrait, by Girard, of Dubois, as he was in my former acquaintance with him.

Most of the objects of information on the Continent and in Great Britain are so readily open to the stranger, that he seldom need seek for personal furtherance. If he is a mature professional man, entitled to, and willing to put himself in the way to receive personal attention, he will have accorded to him plenary explanations, civil words, and convenient positions, such as those whom he visits are in the habit of experiencing when they go abroad. To accidents of this sort I owe my introduction to the principal medical people whom I have lately seen in England (July). The Academy of Medicine meets in Paris, No. 7, Poitiers street, at 3, P. M., the first Tuesday of every month. The stranger is freely admitted, and can present communications.

At half a league from Bicêtre is a farm belonging to it, and recently established, for residence and employment of such patients of Bicêtre as are fitted for agriculture. Ferrus visits them.

M. Devillas, a banker, a few years ago bequeathed his house, in the street des Regards, and other property, to be used for an infirmary. It is a very good establishment.

Eighteen years ago the house of Enghien, No. 8 Picpus street, was established; it is a very neat hospital for 50 people: also the Infirmary of Maria Theresa, for 15 people, by Madame Chateaubriand, adjoining to her own residence, No. 84 street d'Enfer: also the Leprince hospital for 20 people, No. 45 St. Dominick street.

The windows of the French hospitals are generally large and high towards the ceiling, and divided into small compartments which are readily opened and shut, by cords, for various degrees of ventilation. The beds are supplied with white linen curtains in summer, and dark-green woolen ones in winter; the patients with cotton or woolen gowns. In some of the hospitals is an open fire-place, chiefly used for small culinary purposes. Large stoves, of glazed-earthen ware, towards the middle of the wards, are the rendezvous of some patients for the purposes of sociability, and serve to keep their drinks warm. The temperature of their wards is thus kept higher than that of their private rooms, which is not so high as with us. The French do not desire warm rooms.

Among the "Sisters of Charity" lately was Josephine, only daughter of the late Marshal Junot. She pursued the high offices of her calling with a devotedness equal to that which her mother, the Duchess of Abrantés, exhibits in her historical labors. Lately, disordered health, and the consequent injunctions of her spiritual director, led the young lady to resign these labors of charity.

The great services of M. Dupuytren, as surgeon of the Hotel Dieu, were crowned by his bequest of nearly \$40,000 for the improvement of surgical science. His ability to present this offering, and the great fortune which he left to his daughter, are indirectly, as well as directly, attributable to his professional success. At an early period of his career, seeing a gentleman thrown from his gig, and his leg broken, he ran to his succor, and accompanied him home. Stating himself to be a surgeon, he offered to perform the first services required by the injury, and to await the arrival of such other aid as the gentleman might summon. These services being completed, the gentleman, one of the brothers Rothschild, requested his continued care, and on his recovery presented to him a princely largess. The surgeon requested that the fee should remain under the custody and investment of this great banker, to whom were henceforth confided his fees received from other sources. In the last sickness of Louis XVIII. Dupuytren's prognostic, as a medical attendant, was sought by his banker, whose important financial proceedings were consequently and justly arranged; and it is believed that Dupuytren's interests were promoted by opportunities, indicated to him by R., for speculations in the public funds. His introduction to the Hotel Dieu was facilitated by the late surgeon Boyer, of whose family he proposed to become a member. This purpose he waived. Domestic disquiet afterwards goaded him on to professional greatness. For 10 years he never failed of visiting twice daily his large Section of the Hotel Dieu. His first visit began long before day-light. His domineering, magisterial deportment, was sometimes overwhelming to some, even of his private patients and their anxious friends, and such as would pro-

bably not be presented or tolerated at the present day. The least failure, by his pupils, of complete preparation for his operations, sometimes occasioned violent and even ferocious expressions of his displeasure, for which he has occasionally been led to make honorable amends. As to his surgical reputation he was sensitive. In an English Journal it was alleged that he had used, as his own, a suggestion of the late Dr. Physick; and on receiving from one of our students some satisfactory views on the subject, as presented by Dorsey, his acknowledgments were very full. His museum of morbid anatomy is deposited on the south side of the street of the School of Medicine, in the refectory of the ancient great convent of Cordeliers. His brother used periodically to visit Boston, as captain of a merchant-ship, from Nantes.

Dupuytren's successor, M. Roux, was drilled to surgical practice as assistant, at the Hospital of Charity, of his father-in-law, Boyer, whose visits to the hospital used to be so early that he was attended in the wards by a candle-bearer.

Much fatality has lately resulted after surgical operations in the Hotel Dieu. A censorious statement has been presented to the Administration, relative to a death which occurred three hours after an operation on the face. This leads to examination and consideration of the subject, which will be useful to all parties. On the subject of mortality consequent to surgical operations, I will present a recent note from one of my neighbors whom I left in Paris, and of whom Louis says, "Young S. pleases me; he recalls to me poor Jackson, whom I loved so much." Such individuals, marked as they are "by moral purity and incessant industry," in their retired chambers and sometimes cheerless walks of improvement here, must occasionally feel with acuteness their great distance from the domestic scenes of which they have been the cherished objects. May the stores of useful knowledge, accumulated by such inquirers, be consecrated to the interests of their fellow citizens, and be duly appreciated for their own good and for encouragement of a high-minded and liberal course of education.

"Metastatic abscesses.—Four or five days after a patient has undergone a surgical operation, he is seized with a severe chill. The suppuration of the wound becomes of an unhealthy character. The tongue is dry and brown. There is pain about the lungs or liver. He sinks and dies. A collection of matter is found in the lungs, liver, spleen, brain, cellular tissue, or joints. Sometimes the tissue of the organ immediately in contact with the matter seems perfectly sound, sometimes inflamed.—Has the suppuration of the wound been absorbed by the veins, mingled with the blood and deposited in those parts? Or is the matter formed from the inflamed inner surface of the veins? Velpeau showed to us a specimen two days after death; his lecture was excellent. He thinks that the pus is absorbed, that particles of it are deposited in the tissues, and act as foreign bodies; inflammation and abscess follow. Blandin has had an interesting case of inflammation of a vein, consequent to bleeding. Matter was found in the veins. The local symptoms subsided, and pleurisy followed. Velpeau has never

known a case which has not terminated fatally. Blandin speaks of one."

Twenty years ago, M. Roux visited London, and published a memoir on the cure of squinting, illustrated by his own case. "'*'" aged 35, squinted ever since infancy. Twenty times he set himself to try to force his eyes to act together on objects submitted to them; or, by covering the left eye which was much the strongest, to use the right only, to strengthen which by use seemed a necessary preliminary. For hours together he read or wrote, alternately using his right eye and both eyes, striving to make them coincide toward the same point. When he looked at a near object requiring to be seen with precision, he could not avoid squinting. Confused vision and great mental fatigue followed his attempts. These effects lessened; in a few days his right eye grew as strong as his left, and he could not prevent them from acting in concert. Many months have since past. Nothing now shows which eye used to squint; both eyes are stronger than the left was."

Lately Lord Lyndhurst brought his daughter from London to Paris for the sake of using M. Roux's surgical skill: the result was fatal. A few months before, Sir Benjamin Travers went from London to Frankfort to attend, as it proved, the last sickness of Rothschild. So prone are we to seek foreign aid, and distant means, without due reference to those which are at hand. M. Roux is an urbane man, and both at home and abroad shows his good will to professional inquirers.

M. Louis has lately been transferred from the medical charge in the hospital of Pity, to the Hotel Dieu. He formerly made a professional tour to Russia. He has served an apprenticeship in the school of disappointment and adversity, and has derived from it that force of character and intentness of purpose which is earning for him a well-merited rank. He is intimate with Esquirol, and is of the observant, expectant school of Pinel, whose work on Nosography, Cabanis on "The Degree of Certainty of Medicine," Hannerman's "Æsculapius in the Balance," his "Value of Medical Systems," his "Advice to an Aspirant in Medicine," Heberden's Commentaries, and Sir Gilbert Blane's "Errors in Medicine," form excellent accompaniments to M. Louis's publications and clinical instructions.

Many more patients enter the French hospitals immediately after the numerous holidays weekly, &c., than at any other times; and many enter under the effects of the exhaustion of misery. For these reasons M. Louis not unfrequently leaves his new patients to a day's repose, to allow them to get well under the comforts of their adopted home, and avoids the risk of disturbing them by the appliances of art. In certain lectures in the School of Medicine, and by some of the speakers in the Academy of Medicine, the mode of study pursued by M. Louis is unbecomingly mentioned with contempt and abuse. He says, "I was the object of surprise and pity." It is alleged that the great extent of his tabular forms prevents their general use, though they may present a show and serve as a hobby on which he may ride into public notice in the midst of his young disciples; that his peculiar notions are urged as a means of notoriety to their author. It is not likely that his course of extensive

inquiry will be so fully pursued by others, as it has been by him. It should certainly suggest to medical writers the remark of one of the best of them, "All that I *know* may be expressed in a very small book." The tables of Pinel, Esquirol, and of Falret's collection of 50,000 cases, are prepared in the same philosophic spirit which governs M. Louis's.

I could not find the window at which Cuvier used to be seen at his labors; the spot is now well occupied by a green house which invites the birds, who fill it with chanting; we may imagine it to be in praise of him who used to grace this favored spot. Near to it, however, is still seen the venerable Redouté, teaching the drawing and painting of flowers to a large class of young ladies, among whom he showed special satisfaction in instructing the foreigners. The walls of his residence, No. 4 Seine street, are covered with valuable pictures. He was a schoolmate of Audubon, when "David guided their young hands," and author of the great and splendid work on Lilies and Roses. The Empress Josephine and the ladies around her constantly received his lessons. Bonaparte advised him to turn his attention to historical painting; but when B. was shown, by certain English publications, in what esteem R. was held abroad, he immediately became an object of Imperial liberality and patronage. Audubon says, "Through my noble-spirited friend, M. Redouté, I was introduced to the now King of the French, and to several ministers of State. The hour spent with Louis Phillippe and his son, was by their dignified urbanity rendered one of the most agreeable that has fallen to my lot; in consequence I procured many patrons and friends." A copy of A.'s "*Birds of America*" is in the king's private library.

One of Redouté's drawings was lately stolen; the theft was discovered by the drawing being offered for sale at a price below what his productions always command. Some of them are in English cabinets at a high cost. It is a satisfaction to witness the gradual construction of such beautiful objects under such a hand. He has a very pleasing picture of his school room and class above named.

F. A. Michaux, the historian of our forest trees, has an apartment facing the Flower-market. As agent of an Agricultural Society, he has successfully planted 10,000 acres of the most sterile land in Normandy, with pine trees; on a part of the estate is one of the most ancient chateaux or castles of France, nearly 1000 years old.

Breschet, a very urbane, accessible person, was last season introduced to the Chair of Anatomy. The election occasioned disappointment to the students, who had adopted another favorite; and measures were taken to prevent expressions of dissatisfaction. M. Breschet observed that our medical journals were composed from European ones.—The Professors' salary is about \$2000.

Malgaigne used to give to me a copy of the proof-sheets of his "*Surgical Anatomy*" as soon as he received them from the printer, until the death of the publisher caused the suspension of the work. These sheets, by the advice of M. Breschet and of the Director, I sent to one of my good professional friends here for translation, who being called

away, as a teacher of anatomy, I do not know the result of my intentions on this subject.

Civiale is at the Necker hospital: his associate, as a lithotrite, H., resides in Portland Place, Westminster. The necessity of frequent operations upon the same case, each of which is more or less painful (Civiale thinks himself fortunate when his cases are exempt from these troubles); certain instances of discovery of stone after death, in a patient who had "been cured;" the great price, paid beforehand, for the operation; the advertisements of the operator's intended return to the Continent, have lessened, even among some surgeons of London, the zeal in favor of what they see among them of lithotripsy.

The veteran Larrey, Bonaparte's chief military surgeon, still holds to moxa as a favorite agent. He lately proposed to apply it to one of our medical men laboring under trouble of the "heart:" who, like any lay-patient, put off, as long as he was allowed, the painful remedy; and after its application, adjourned its repetition, *sine die*. Within a few weeks L. has resigned his post and residence in the Hotel of Invalids, as the Government no longer allows two offices to be held by the same person; he has therefore retired to the place of his preference. He has a son who is a surgeon.

Alibert still continues to lecture on diseases of the skin at the hospital of St. Louis, and his associate, Bielt, is still there, who has done much relative to sulphur baths, &c.* A long time ago, I remember A. giving

* Cullerier is still attached to the Hospital for Venereal Diseases, and to its appendant House of Health, No. 17 Street of the Faubourg of St. James.—Jadelot is still Physician, and Bafosse, Dubois' nephew, is still Surgeon, of the Children's Hospital.—The present season the venerable Dubois' mortal part was drawn to its resting place, by the pupils of the medical school. His station as accoucheur to the late Empress Maria Louisa, and as at the head of his profession, gave to him a positive and laconic style of expression. One of our countrymen asked his opinion relative to his little son. Dubois, after observing him, answered, "Spoiled child, that is all!" and received his louis for this salutary and just hint. He called his pupils "my children"—"to the operation, my children." When he was seated before a large class, dictating advice for out-patients, to his senior pupils, who acted as amanuenses, the idea seemed realized, of the ancient sages giving the law to their disciples. To the young ones he used to say, "I see among you those who should be at elementary schools, learning *dominus, -i, -o, -um*." With philosophic submission he used to support the development of an error. "Children, amputation of that arm was manifestly unnecessary; it now appears that the tumor might have been removed; but it is done!—what's next?" Pelletan, Dupuytren and Boyer had assented to the amputation.—Of his hospital-patients he required that they should, without reluctance, submit to his decision; a wavering or misgiving spirit was excluded from his services, at least till "un autre jour"! A child, struggling and screaming under an operation, was to be rendered passive, even though chastisement should be required to effect acquiescence by producing a greater fear than that of the operation. In learning the nature of a new case, he sometimes trusted to his own judgment, though it led him to conclusions quite at variance with the patient's history, whom he then did not hesitate positively and unrelentingly to contradict.

I had been presented to him, in his visit to the Clinical Hospital, as an American student. At his next operation, he placed me at his side. Seeing me retire a little from this conspicuous station, he said, "If thou quittest thy station, I will not reinstate thee." Thus was my right to this place assigned and conceded, and I could not fail of occupying it at every succeeding operation during my pupilage there.

The operation above named, for stone in the bladder, was completed in a very short time, and with little suffering to the patient, a little boy. This operation, and that for hernia, as I have seen them, are performed by the French surgeons with special facility and readiness, without much ado.

For my first introduction to Dubois, I was indebted to Delisle, now Professor of Botany in the University of Montpellier, and who, in again welcoming me to France, last year, occasioned my acquaintance with Dr. Ferrus, before named. Dubois received my family in the same cabinet where I used to visit him in my early days.—His son worthily succeeds him in the charge of the Lying-in House, or Abbey of Port-Royal, No. 3 Street of the Bourbe. He is a very sober person. In his own apartment, on the Quay of Voltaire, I saw another portrait of the father, by Girard.—With that accomplished and amiable artist I had the satisfaction of an interview a few weeks before his eulogy was pronounced upon his grave by his friend Chateaubriand. Girard made friendly inquiry of me relative to our townsmen, Mr. E., whose portrait he had taken some years ago.

Boyer has died. He is succeeded, as a surgeon, by his son, who occupies his father's late residence in St. Dominick Street. Boyer used to give, in the amphitheatre, a clinical lecture, after his visit at the Hospital of Charity, without notes, on all the cases under his care, distinguishing them only by the number of the beds.—When his private patients desired to use a remedy which he had not sug-

his lessons and counsel under a great tree in the garden. A girl was presented to him for advice: and in a digression he stated to his pupils that the patient possessed various physical characteristics peculiarly favorable to the marriage state, and worthy of remark by those who looked forward to that condition!—In a digression, this season, he “attributed the great fire in New York to the fact of that city’s being built of pitch-pine”!—Such is the information possessed by a distinguished teacher as to a great foreign city which has, every 10 days, direct and extensive communication with his own city, and which generally numbers some of its young citizens among his disciples! I repeat the digression partly for its pleasantry, and partly as one of numerous evidences that our distance from Europe renders its interest in us much less than many of us imagine. Many of its people attach such importance to its palaces, its fine arts, its luxuries, to what they call its refinements, to each other and to themselves, that little sympathy remains with them for other remote objects.

The mere reports of the objects above named so awaken our interest that we receive with readiness those who come from among them and can tell us of them: such hospitality is not quite disinterested. It produces an equivalent. There is not the same ground for reception of ourselves, when we become visitors to them.

Those of us who visit the Old World must expect a kindly reception principally on account of manifest individual worth, intelligence, propriety of deportment, and assiduous pursuit of objects conducive to improvement and usefulness. Thus they will effect comparisons honorable to themselves, and to their country, and render both attractive to the eyes and judgment of persons who are worthy to be sought. G. P.

POISONING BY ARSENIC.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In accordance with your request, I send you a copy of my notes of a case of poisoning by arsenic, which happened in this city a few days since. They are necessarily imperfect, as will be readily seen; but if you think them of sufficient interest, they are at your disposal.

310 Washington St., Feb. 26th, 1838.

Yours, &c.

B. E. COTTING.

The patient, a young man, 22 years of age, of Irish parentage, had been in State Prison two or three years, and had been released about as

gested, he used to prescribe a like remedy, to preserve their confidence in him, and to secure, by their satisfaction, the observance of such measures as he preferred.—Being ordered by Napoleon to go into Spain to perform a surgical operation on one of the Marshals, he proposed that another surgeon should go in his place, “in whose skill all reliance should be placed.” Napoleon answered, “To such a surgeon confide your own patients during your absence.”—I had occasion to consult Boyer formerly relative to a case of white swelling. The patient being a dozen miles from Paris, I had the satisfaction of passing several hours with Boyer. Next morning he recognized me at his hospital, introduced me to M. Roux, and assigned to me, as a stranger, a place by his side at the operation, which was amiably accorded to me during my stay in Paris.

In the Western Journal of Medical and Physical Sciences, No. XLIII., Supplement page 23, is a paper on French Surgery, by Dr. Parker, of the College of Cincinnati, Ohio, who has lately returned from Paris.

many months. Since his release he had conducted with much propriety. On the evening of the 19th ult. he purchased at an apothecary's, two ounces of arsenic, and did not return home, as he was accustomed to do, but lodged at a hotel. He rose early, went to a lawyer's office, of which he had the charge, and put things in order there. He then procured breakfast; eating, according to his own statement, meat, potatoes, bread, &c. Soon after breakfast, he procured a tumbler of wine and water at a grocery, and was seen, by the boy who gave it to him, to pour a white powder into it. To make sure that he got the whole, he filled the glass twice with water and drank it. This was about quarter past nine, A. M. He then went immediately home and sat quietly over the fire.

About half past eleven I was called to him. He was then sitting on a bed, upon the floor, taking no notice of things about him, sullen and unwilling to answer questions. He had been taken, a few moments before, with urgent vomiting, and then told what he had done, and that he did it to destroy himself. Papers which he had thrown into the fire were produced, bearing the printed label of *arsenic* upon them; and about three pints of various matters—undigested food, liquids, mucus, &c.—were shown, which he had vomited. (A white powder was subsequently seen at the bottom.—Dr. GREEN.) His eyes were a little suffused with slight lividity of the inner portion of the under lids. Countenance unmoved and sullen; skin moist; pulse slightly accelerated, small and feeble; tongue moist, and appearance natural. Said he was in no pain; had no thirst, burning of the mouth or throat. Would not admit that there was any pain in the stomach or bowels, and pressure was made firmly over every part of the abdomen without his showing signs of tenderness. Some eggs were ordered and brought, and an emetic of sulphate of zinc prepared. But he obstinately refused to take anything offered, saying that he was determined to die, and wished to do so without interference. Attempts to force down the remedies were unsuccessful. He soon vomited several times, freely, and in the meanwhile had a copious natural dejection—at first formed, and afterwards liquid—without blood. Urine free. While at stool he vomited upon the the floor about two ounces of porridge-like matter, tinged yellow with bile. At this time, not long after my arrival, Dr. Green, who had been called, came in. So little had the patient the appearance of one having taken poison, that the Dr. was at first inclined to discredit the statement. The patient was still determined in his refusal to take remedies, and force was resorted to with success. He was made to take several eggs, and a drachm of sulphuret of potass (which Dr. G. had brought with him), dissolved in about a pint of water. Most of this was soon vomited up. The patient now yielded, and some milk and water and flax-seed tea were ordered him freely.

3, P. M. Vomiting frequent since last visit—quantity about a pint, nearly a quarter of which was fecal matter. Has had two liquid dejections, copious, without blood. Has no pain or thirst. Tongue clean and moist. Hands cold and fingers somewhat shrivelled. Pulse 112, exceedingly small and compressible. Abdomen lank and flaccid—no

tenderness admitted. Respiration natural and easy. Occasional grunting. Feels "rather cool." Pupil of the eye rather large, but obedient to light. Occasional hiccup. Apply warmth and sinapisms to the feet, and give wine and water, with tinct. opii.

8, P. M. Seen with Drs. Green and Ware, Jr. Appearance not materially altered. Now somewhat thirsty, and desiring cold water. Skin dry. Hands cold and shrivelled, as before. Pulse 120 (were 140 in the afternoon; Dr. GREEN), very languid, compressible and "flabby." Tongue somewhat furred, whitish; some dryness of throat and fauces. Some tenderness in the epigastrium. Says he has no pain, but feels badly, and cannot describe his sensations. Hiccup frequent. Sinapisms had not been applied, nor wine given (through scruples or superstitions of his mother). Agreed to apply sinapisms to epigastrium and feet, and to give every hour a mixture of brandy, 3ss.; laudanum, gtt.x., and water, 3ii. Drinks as before.

11, P. M. Evidently much worse. Some jactitation. Sensations very distressing—in paroxysms. Hands, feet, pulse, and skin as before. Breathing not morbid. Tongue not furred. Throat very dry and burning. Constant hiccup; and nausea occasionally distressing. Calls constantly for cold water, which his mother will not allow to be given him, because some one has told her that "it will scatter the poison all over his body." No vomiting. No dejection since last visit. Abdomen rather fuller than in the afternoon, but by no means distended. Pressure made pretty strongly over every part of it, without drawing forth signs of any considerable pain, though evidently more tenderness than before, and chiefly in the epigastrium. On examination no organ could be distinguished, and the stomach could not be defined. Sinapisms were *now* applied, and more brandy given, with directions to continue the remedies.

Died between 3 and 4 next morning (21st). According to account he had many "distressed turns," with faintness and pain, in one of which he died. Towards the last, jactitation increased, and his calls for cold water to allay the burning were frequent and distressing.

AUTOPSY, 12 hours after death.—Extremities extremely rigid. Much cadaverous lividity, though no where deep. Yellow fluid runs abundantly from the nostrils on moving the body. Abdomen full, but not distended. No petechiæ.

Thorax. Pleura healthy, except for old adhesions to some extent. Lungs; congested, but not remarkably so for one dying in full health. No ecchymoses seen; no tubercles. Pericardium healthy. Heart firmly contracted. A few small ecchymosed spots beneath the serous surface about base of left ventricle. Upon the inner surface of the left ventricle, where it forms the septum, is a red stain, perhaps 1 to 1 1-2 inches in extent; not well defined, nor very deep, and scarcely, if at all, extending below the surface. It cannot be wiped off, and yet it is quite different from an ecchymosis. Nothing of the kind in any other part of the organ. The columnæ carneæ of the left ventricle are more properly ecchymosed, though not to any great extent, nor very deep. Right auricle distended with coagula, and some also in the left; no fibrin seen.

Abdomen. Stomach immensely distended; besides some gas, con-

taining about a pint and a half of substance like thick curdled milk and water, colored yellow with bile ; also, a few white grains, probably the arsenic. The mucous membrane discolored only to a small extent, in the large curvature, about the commencement of the pyloric portion ; seeming to consist of an effusion of blood into the substance of the membrane—very dark red patches, mostly long and narrow. Several of these patches were two or three inches in length, and half an inch wide. Some were irregular, and the membrane in these parts thick and quite firm. At two different places something like thick curdled milk adhered to the membrane, to the extent of a quarter to half an inch square, very readily detached, and beneath one of them the membrane seemed superficially ulcerated. No coagula on the free surface of the mucous membrane, nor was any blood mixed with the contents of the stomach. No ecchymosed points about the discolored spots, and the rest of the membrane appeared quite healthy. Œsophagus healthy. Small intestines moderately distended, and filled with a large quantity of light-colored secretions of the mucous membrane. Membrane generally red, more particularly about Peyer's glands. Three or four masses of dark coagulated blood on the free surface of the mesentery, about two or three lines in diameter. Mesenteric glands rather red. Large intestines contracted throughout to about the size of the finger ; regularly sacculated, and the mucous membrane proportionally corrugated. Liver and spleen not remarkable. Bladder firmly contracted.

N. B.—The contents of the stomach, together with a portion of the white powder, scattered on the floor at the grocery, have been given to a chemist for analysis, but the result has not yet been ascertained. There can be no doubt, however, that the substance taken was as the patient alleged, and as other circumstances confirmed.

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BOSTON, MARCH 7, 1838.

MEDICAL MISSIONARY SERVICE.

THE American Board of Commissioners for Foreign Missions have in their service, the following regularly educated physicians, whose employment redounds greatly to the honor, humanity, and enlarged views of the Society.—Drs. Elizur Butler, appointed 1819, and stationed among the Cherokee Indians ; Gerrit P. Judd, appointed 1827—located at the Sandwich Islands ; Dan B. Bradley, appointed 1832—located in Siam ; Nathan Ward, appointed 1833, and resides at Ceylon ; Roderick L. Dodge, appointed 1834—stationed with the Creek Indians ; Newton Adams, appointed 1834—resides in South Africa ; Asahel Grant, appointed 1834—stationed in Persia ; Marcus Whitman, appointed 1835—stationed with the Nez Percés Indians, beyond the Rocky Mountains ; Seth L. Andrews, appointed 1835, and resident at the Sandwich Islands ; Stephen Tracy, appointed 1835, and located in the Indian Archipelago ; John Steel, appointed 1836, and located in South India.

Dr. Thomas Holman, who received his appointment in 1819, was settled at the Sandwich Islands, and died in 1821. Dr. Abraham Blatchery, appointed to the Sandwich Island Station in 1827, died the same year. Dr. Benedict Satterlee was appointed to the Pawnee Indian Station in 1835, and died in 1837. Drs. William W. Pride, George L. Weed, and Alonzo Chapin, who were formerly under the patronage of the Board, have recently dissolved their connection.

To the above catalogue should be appended the name of Peter Parker, M.D., an eminently successful operator on the eye, residing at Canton, in China. Dr. Bradley, of whom frequent mention has been heretofore made in this Journal, resides at Bankok, the capital of Siam. His professional skill has been appreciated by all ranks and conditions of people. It is stated in the last annual report of the Board, that 3,800 persons had received medical aid from this gentleman. At the last accounts, Dr. Grant, our friend and correspondent, who formerly travelled through Patagonia, and who now resides in Oormiah, in Persia, had performed *fifty operations for cataract*. One of his patients was a Kurdish chief, from the banks of the Tigris. The sick resort to him from great distances. In fact, such celebrity was perhaps never enjoyed by a medical man before, where the press is unknown. His reputation is based on his actual success. Dr. Scudder, at the Madras Station, is also very successful in practice. In short, the American physicians, at those remote sections of the world, fully sustain the medical character of the country from which they hail.

Boylston Medical Society.—The following officers were chosen for the ensuing year, at the last meeting of the Society. Henry G. Wiley, M.D., *President*; Benjamin E. Cotting, M.D., *Vice President*; John B. Johnson, *Secretary*; John Bacon, Jr. A.B., *Treasurer*; George C. Shattuck, M.D., George Hayward, M.D., W. Channing, M.D., E. Hale, M.D., Z. B. Adams, M.D., J. Ware, M.D., and W. Lewis, Jr., M.D. *Trustees*.

Dr. Armsby's Lectures.—It is extremely gratifying to notice the warm expressions of satisfaction manifested by the gentlemen who have attended Dr. Armsby's late anatomical lectures at Troy, N. Y.—*one hundred and thirty-eight in number*—which outweighs half the incorporated schools of medicine north of Philadelphia. We have watched Dr. A.'s progress with unusual interest, and feel no common degree of pleasure in his sure and successful march to usefulness and distinction in the character of a public teacher of human anatomy.

Marine Hospitals.—Three of these institutions are to be established by the general government, on the Ohio river; and the locations fixed upon are Paducah, Louisville and Wheeling. It is said that an effort is making to have Pittsburgh substituted for Wheeling—out of which a paper war is now raging between the people of the two places. The location fixed upon by the government officers, will not, it is thought, be changed.

Worcester Insane Hospital.—In answer to the inquiry, "Has Dr. Woodward made a report to the legislature the present year," we can only say that we have not seen one, but presume the manuscript is in the

hands of some committee, and will by and by be ready for distribution. This annual document is looked for with much interest all over the Union.

Lectures on Smallpox.—Notes from Dr. Palmer's second lecture on this subject, at Woodstock, Vt., came too late for insertion the present week. Highly as we estimate Dr. Palmer's pathological acquirements, we feel constrained to say that we differ from him altogether on the value of vaccination. On the second Thursday of March, the annual lecture term of the Vermont Medical College, located in the beautiful town of Woodstock, will commence. There is good judgment, science, and energy of character combined in the present board of faculty. Students seem to be concentrating there already from a distance.

Elements of Pathological Anatomy.—Professor Gross is about to commit to the press, a work on Pathological Anatomy, to serve as an elementary treatise for office pupils, and a text book for those in attendance on lectures. It will be comprised in one octavo volume, and appear in the course of this spring.—*Western Journal*.

Medical Miscellany.—A bill to incorporate the Literary and Botanical-Medical College of Ohio, was lost in the Senate of that State, by a vote of 21 to 13.—The number of pupils in the Cincinnati Medical College is 112.—The editor of the Western Medical Journal (Dr. Drake), asks, "Why cannot the physicians and other scientific men of the United States form and sustain an association like that of Great Britain? Its advantages and pleasures would be manifold, and, we doubt not, its meetings would be well attended."—The editor of the Southern Medical Journal thinks we possess no remedy of so much anti-hemorrhagic power, for internal use, and combining so much uniform efficacy and safety, as ergot.—The Transylvania Journal of Medicine has completed its tenth volume—being the third medical journal, as to age, in the United States.—Professor Gibson, of Philadelphia, has successfully performed the Cæsarean operation a second time on the same patient.—It is estimated that in the year 1836, there were published, in France, 180,000 pages on medical subjects, including medical memoirs, pamphlets, &c.—The last number of the Philadelphia Medical Examiner, which periodical is mainly devoted to the reports of clinical lectures, details an instance of gross personality and abuse, in the public lectures of two of the surgeons of the Philadelphia Hospital, which is as disgraceful as it is uncommon among medical lecturers in this country.—The lectures in the Crosby Street (New York) Medical College closed on Wednesday last.—The Vermont Mercury states that the flaming advertisement in the public papers, setting forth the virtues of the "Matchless Sanative," was originally written, some seven years since, in this city, as a burlesque upon the foreign quackery by which our country is disgraced and overrun. Being shown to an apothecary, he offered and paid what the writer demanded for his ingenious production.—Our respected correspondent, Dr. Mettauer, of Virginia, has an excellent article on *Staphylophary*, of over twenty pages, in the last number of the Philadelphia Journal of the Medical Sciences, illustrated with a plate of the instruments used in this operation for cleft palate.

Whole number of deaths in Boston, for the week ending March 3, 39. Males, 20—Females, 19.

Consumption, 5—infantile, 3—intemperance, 1—typhus fever, 1—fever, 1—lung fever, 7—fits, 2—cholera infantum, 1—old age, 2—dropsy on the brain, 1—suicide, 1—cancer, 1—diarrhœa, 1—disease of the heart, 1—abscess, 2—rheumatism, 1—brain fever, 1—scarlet fever, 1.

TO CORRESPONDENTS.—Several communications are on file, which will have insertion as soon as room can be obtained for them. A statistical paper on *Pulmonary Consumption*, has claims to priority, next week. "Pneumonia and Malformation," together with the case of Monstrosity, will appear in due course.

The reader is respectfully referred to the first article in this day's Journal—a paper of interest, by a physician of this city, who has recently returned from his second tour in Europe. Many of the changes which had taken place between his first and second visit, are accurately noted, and are particularly interesting to medical men. We hope to receive, very soon, another letter from Dr. Warren, who is, probably, now in Rome.

VERMONT ACADEMY OF MEDICINE.

The annual Spring Term of the Vermont Academy of Medicine will commence on *Thursday*, the 8th of March, and continues thirteen weeks.

Theory and Practice of Medicine and Materia Medica, by	-	-	WILLIAM TULLY, M.D.
Surgery and Obstetrics, by	-	-	THEODORE WOODWARD, M.D.
Chemistry and Natural History, by	-	-	JOHN D'WOLF, M.D.
Anatomy and Physiology, by	-	-	JAMES H. ARMSBY, M.D.
<i>Fees</i> —for the Lectures, \$45; graduation fee, \$20; matriculation ticket, \$5.			
The Chemical Lectures will commence about the 20th of March.			M7—2

VERMONT MEDICAL COLLEGE.

The annual Course of Lectures, at this institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	-	-	H. H. CHILDS, M.D.
Pathological Anatomy, by	-	-	ELISHA BARTLETT, M.D.
General and Special Anatomy and Physiology, by	-	-	ROBERT WATTS, JR., M.D.
Principles and Practice of Surgery, by	-	-	GILMAN KIMBALL, M.D.
Chemistry and Materia Medica, by	-	-	DAVID PALMER, M.D.
Medical Jurisprudence, by	-	-	NORMAN WILLIAMS, A.M.
<i>Woodstock, January 17th, 1838.</i>			F7—eptM7

MEDICAL INSTRUCTION.

The subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

Springfield, January, 1838.

Jan. 17.

JOSEPH H. FLINT.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica, - - - -	DR. WARE.
On the Principles and Practice of Surgery, - - - -	DR. OTIS.
On Anatomy, - - - -	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 18—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 134 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVIII.]

WEDNESDAY, MARCH 14, 1838.

[NO. 6.

PULMONARY CONSUMPTION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following remarks were written simply with the view to show the great prevalence of tuberculous diseases, and the necessity of an institution founded for their investigation and treatment. It is now generally known, in this city, that an Infirmary for the Diseases of the Lungs is in existence, and we hope it may prove a useful charity. If the remarks are of any value, you will please to give them an insertion.

447 Washington St., March 1, 1838.

Yours, &c.

HENRY G. WILEY.

The Boston Infirmary for the Treatment of the Diseases of the Lungs, commenced its operations in April, 1837. Its origin was unobtrusive, and its course, thus far, has been silent and unostentatious. Without funds, save those furnished by the originators of the scheme, its means, and consequently its usefulness, have been limited.

It would be needless to press upon this community the importance of an institution like that which we propose to establish. It would be an insult upon their powers of observation to tell them of the fatality of consumption—of the frequency of the various other diseases of the lungs—of their often insidious approach, and of the benefits which the community may expect from accurate and extensive observations in hospitals and infirmaries of this kind.

In proof of what we have said, were proof required, we need only point to the ample arrangements which are made in foreign countries for such purposes, and to our suppliant dependence upon them for most of the improvements in the healing art. Results have come to us which are as worthy of the means expended and the labor bestowed, as they are beneficial to the interests of the diseased and suffering.

Among the various public charities which ornament our city, those which have for their object the gratuitous distribution of medicine and medical advice to the poor, may justly lay claim to a prominent share of attention. The experiment, then, has been tried, and we need only mention for our encouragement the Massachusetts General Hospital, the Charitable Eye and Ear Infirmary, and the Blind Asylum. All these are in the full tide of successful experiment, and their distinguished founders and liberal supporters may feel assured that much immediate, as well as future good, will be the result.

Although all have some idea of the prevalence and mortality of consumption and of the diseases of the lungs, it may not be useless to examine, for a few years past, our bills of mortality, and see their exact ratio to other diseases. With this view we have examined the bills of mortality, as furnished at our health office, for the past ten years—omitting, however, that for the year 1834–35, which is not in our possession. The ratio in the others is so uniform that that omission can be of little importance. We are aware that some allowance should be made in the results thus obtained. The records were not kept with the view of scientific inquiry, and may not be as accurate as could be wished. More allowance would be required had we taken the records of an earlier date. Of late years, so much attention has been paid to the diseases of the lungs, that their *general* diagnosis at the termination of the disease could hardly be a matter of much difficulty. Much confidence, then, we think, may be placed in the results. The following is the table we have made.

1	2	3	4	Result.	
				1	2
1827–8.	57	178	1022	5 3-4	4 1-3
1828–9.	98	217	1233	5 2-3	3 9-10
1829–30.	113	203	1221	6	3 9-10
1830–1.	86	193	1125	5 7-8	4 1-3
1831–2.	115	203	1424	7	4 1-2
1832–3.	122	246	1761	7 1-8	4 2-3
1833–4.	111	240	1476	6 1-8	4 1-5
1835–6.	161	208	1914	9 1-6	5 1-5
1836–7.	148	233	1770	7 2-3	4 2-3
1837–8.	179	212	1843	8 2-3	4 2-3

We have not sought for mathematical accuracy in these results, but have endeavored to give a simple approximation to the truth.—The first column indicates the year; the 2d, amount of deaths from pulmonary affections, *not* including consumption; 3d, amount of deaths from consumption; 4th, whole amount of deaths during year. Under Result, the first column shows the proportion to whole number who died of consumption; 2d, proportion to whole number who died of pulmonary affections, including consumption.

It will be seen that we have furnished the whole number of deaths for each year in one column; in another, the number who are reported as having died of consumption; and in another, the number who died of other diseases of the lungs. If reliance can be placed in the accuracy of the reports, this table will show that for the past ten years, one in about 6 7-8 of the whole number of deaths was caused by consumption. If to this number we add the deaths from the other diseases of the lungs—as pneumonia, pleuritis, &c.—we find that the ratio of mortality from *all* the diseases of the lungs is about 1 to 4 1-3 of the whole number of deaths—a ratio truly alarming. It may be well to add that in our estimate we have taken no notice of the deaths caused by marasmus, scrofula, &c., which, in many cases, are undoubtedly only another name for some form of pulmonary affection—so that if inaccuracy exists in the reports furnishing too large a proportion in our results, this inaccuracy will in some measure be counterbalanced by our rejection of the above-named diseases. We have no means of determining, in these cases, the age at which this mortality is the greatest. But from the fact that consumption has been supposed to be confined almost exclusively to adults, we feel some confidence in the belief that few children, if any, are included in the above table.

From this table it will also be seen, by an examination of the ratio of mortality for the first five years of our estimate, and that for the last

five years, that the number of deaths from consumption has decreased from 1 in 6 1-16 for the first five years, to 1 in 7 3-4 for the last—but if to the deaths from consumption we add the deaths from the other diseases of the lungs during each period, we find that the ratio of mortality from *diseases of the lungs* is almost exactly equal. If these tables, then, were perfectly accurate, we should find a decrease in the mortality from consumption, and an increase in the mortality from the other diseases of the lungs. But we think the more natural supposition is, that what was once called consumption, is now, by a greater accuracy of diagnosis, placed under its appropriate head. Few, we think, will be disposed to question the truth of this assertion. Till the more accurate method of diagnosing diseases of the lungs by the use of the stethoscope, and by resort to a minute history of each individual case, as well as by taking into consideration the consequences to which some forms of primary diseases not unfrequently give rise, the closest inquiry and the most extensive practical experience would often fail to elicit truth. Our acquaintance with the consequences of pleurisy, chronic pleurisy, chronic pneumonia, chronic bronchitis, emphysema, the connection between cardiac diseases and rheumatism, as well as of the nature and some of the laws of tuberculous diseases, are only a part of our indebtedness to the founders of this system. The detail would be beyond the limits and aside from the intention of this article.

Another topic connected with tuberculous diseases, which has seemed to us to call for investigation, is its prevalence among children. While, during our pupilage, we visited the hospital attached to the House of Industry, then under the care of Dr. Perry, of this city, our attention was called to this subject, and from the great prevalence of consumption among these children we were led to seek for further information. Although little, comparatively speaking, has been written upon this subject, yet enough may be found to elicit some important truths, and to place the subject among those of the greatest interest in our professional inquiry.

We are sorry that our data are so small and comparatively inaccurate upon which to make an estimate of the mortality from this disease among children; yet we think the result will be worthy of some regard. We shall take the ratio of deaths among children, under five years of age, for the past ten years, and as an approximation of this proportion who die of consumption, the proportion which has been found to exist by observers in hospitals and elsewhere abroad. From the difference in the circumstances of the children in private families, and of those who would ordinarily be found in hospitals, the proportions may seem to be inaccurate, and the results unworthy of credit. It may be said that the latter are the offspring of dissolute and debauched parents, and that they come into the world with originally feeble or diseased constitutions, and are thus the fit subjects for diseases of every sort. We are aware that this is, in some measure, the case, and we know, so far as our observation, at the hospital to which we have alluded, extends, that they have been exposed, in many cases, to all the privations which abject poverty can inflict; to the influence of cold, with

scanty clothing, to bad air, to an unwholesome and insufficient diet ; but we are yet to learn how much greater is the influence of these agents, than is the influence of those connected with the follies and extravagances of fashionable life, such as rich and stimulating food, the injudicious confinement of children, warm and ill-ventilated nurseries, the early development of their mental powers, &c. We may venture to assert that the necessary privations of poverty on the one hand, and the absurd excesses of wealth on the other, tend more to the formation of tubercles of children than all other causes combined. From the preface to Dr. Clarke's valuable treatise on consumption, which has been lately published, we extract the following remarks.

"But whether tuberculous diseases have diminished, or not, during the last half century, among our laboring population, I am of opinion that they have increased in the middle and upper ranks. This is a subject of great moment. If it were clearly shown that these diseases were gradually abating among all ranks of the people, we might, perhaps, leave them, in the hopes that their diminution would keep pace with the improvement of society. But if, on the contrary, we arrive at the conclusion that scrofulous diseases are on the increase, and that the health of the middle and upper ranks of society is progressively declining, we shall have the strongest reasons for inquiry into the causes which lead to such deterioration of health." Now if there are causes in existence whose influence is to increase the predisposition to tuberculous diseases among the middle and upper ranks in society, these same causes will exercise their influence not only upon the child after birth, but before, by the laws of the transmission of diseases. Without, however, going into this subject, let us return to our point, and first let us examine the proofs of the development of tubercles, and the formation of tuberculous cavities in very young children.

M. Lombard found, in 100 young subjects, tubercles in the lungs in 73 cases. In 30 of these, but one lung was affected—the left in 13, the right in 17 cases. The bronchial glands were tuberculous in 87 of the 100 cases. The mesenteric glands, in 31 ; and the spleen in 25. It is the opinion, too, of one of the attending physicians of the *Hopital des Enfants*, in Paris, that 5.6 of those who die in that establishment are more or less tuberculous. This, however, refers to children under the age of 15. Of those who die between 1 and 2 years, the proportion is 1.8.

Dr. Clarke says, "We have not sufficient data to estimate the comparative frequency of tuberculous diseases during the first two years of life, yet we are well assured, from observation, that it is not uncommon at this early age. I have met with several cases of infants dying within the first year, in whom the lungs were not only extensively tuberculous, but contained large cavities with all the characters of those found in adults." Tubercles have also been found in the lungs and various other of the viscera of the *fœtus*—most frequently in the form of transparent granulations—occasionally further advanced. *Chaussier* and *Husson* have both reported cases in which tuberculous abscesses have been found in the *fœtus*.

During the past ten years, omitting, as in the former table, the year 1834-35, and deducting the number of stillborn, there were 4527 deaths among children under 5 years of age—or 1 in about 3 1-3 of all the deaths were among children at the period we have named. We shall not give an opinion as to what proportion of this vast number were connected with or in any way dependent upon tuberculous diseases—but from the proportions which have been observed in other places, let each one deduce his own inference. One thing is certain, that there is a great number of deaths among children under 5 years of age, and from the extracts we have made from the observations of others, may we not reasonably conclude that there is a greater amount of mortality among us from this cause, than we have imagined. It is a subject certainly worthy the attention of the medical inquirer.

In an exceedingly interesting article by M. Ruzs, in the *Journal des Connaissances Medico-Chirurgicales*, for September, 1835, on the Pneumonia of Children, may be found some facts of great importance indirectly relative to tubercles in children. From this paper we shall make some extracts, which, with the observations already made, will enable us to approximate, in some degree, to the influence of tubercles upon the progress and issue of other diseases. Among the complications of pneumonia in children, Ruzs says, “Pleurisy in children, from six to fifteen years of age, is a complication so frequent that some authors designate the pneumonia only under the name of pleuro-pneumonia. On the contrary, the pneumonia in children under six years of age, is rarely complicated with pleurisy. In 12 cases there existed only one in which was found an effusion of serum, or the formation of recent false membranes. * * * Nine of twenty-three cases observed by Gerhard and myself, had tubercles in the lungs. * * * We have seen that uncomplicated pneumonia, after the age of six years, is a disease of little danger. On the contrary, *before* that period, pneumonia is always a severe affection, for in forty cases between the age of six and fifteen years, *not one* terminated in death, whilst the mortality in children *before* that period was entirely in an inverse proportion.”

It is Ruzs’s opinion, however, that “Pneumonia has no influence on the production of tubercles”—and what may be the influence of the previously diseased state of the lungs upon this acute affection, as well as many of the other diseases of children, can be determined only by an extensive series of observations directed to this point. Dr. Clarke, in his work, to which we have already referred, says, “From examination it would appear that age has more influence in determining tuberculous diseases than all other appreciable causes. The tendency to this process is five times more intense at one period of life than at another: it may, perhaps, be said, that it is some hundred of times more intense in the fourth year than at birth. Tubercles prevail most during the third, fourth, fifth and sixth years.” Now putting these observations together, we find that the absolute amount of deaths is greater during the first five years of life, than at any other period of the same duration. We find, also, that at this period the tendency to tubercles is the strongest. The question, then, arises, as to the influence of this tuber-

culous predisposition upon the amount of mortality. We think we may safely infer that deaths from tuberculous diseases are not unfrequent within this period of life—that tubercles are not simply a local, but a constitutional affection, depending upon causes which are as yet out of sight—that most of our fatal infantile diseases are connected with a tuberculous predisposition.

Should we extend our observations further, and embrace in our calculations that time of life under 15 years of age, cases might be found establishing beyond doubt a great mortality under that period. During 18 months which we visited the House of Industry, there were 58 deaths among children under 14 years of age; and 28 of these were from consumption. In some of these cases, tuberculous abscesses were found in the lungs—in others, tubercles less advanced—and in all but two, a scrofulous enlargement of the mesenteric or bronchial glands. It is proper to mention that most of these happened after an epidemic of measles. The predisposing cause of phthisis, and the diagnosis of its existence, and, in fact, of other pulmonary affections among children, are among the most desirable subjects of medical inquiry.

We have already extended these observations beyond our intention, and shall, for the present, leave the subject, but with the hope that its investigation will go on.

During the last six months about forty have applied for aid at the Infirmary. Many of this number were females who have been deterred from seeking medical assistance by pecuniary considerations, and have shrunk from the idea of being the subjects of individual charity. They have chosen rather to apply to an institution founded expressly to meet their wants. We believe that an infirmary of this kind is called for by the wants of the community, and trust that it will receive not only *its* countenance, but that of our professional brethren. There are already a number of interesting cases of disease upon our record books; and should the project continue, we hope, at some future day, to arrange the facts we collect and give to them a practical form.

PNEUMONIA—MALFORMATION.

BY L. HOWE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ON the 15th of January, 1837, I visited John Robinson, of Sharon, a pauper, aged 19. I was told, by his mother, that he had taken cold, about a month previous; that his symptoms were much aggravated a few days after, by exposure to a severe snow storm, and that he had had a bad cough from the first of his illness—had occasionally expectorated dark-colored blood, and had thrown up a gill, the night previous to my visit. His pulse were now 90, with little more than natural fullness; tongue furred; some pain in the left side. Could lie in bed without any considerable difficulty of respiration, and expectorated freely. A detail of the remedies would probably add nothing to the interest of this case.

On my second visit, four days after, I found the symptoms improved, and the improvement appeared to continue for three or four weeks. After this time, he occasionally suffered from paroxysms of dyspnœa or faintness; pulse became frequent and small; lower extremities anasarcaous; fluctuation of water in the chest was audible on motion of the body; expectoration much as when I first saw him. A few days before his death, he was much exhausted by epistaxis, but was able to walk, with a little assistance, on the day he died, which was the 15th of March.

Thirty-six hours after, assisted by my pupils, J. Fox, M.D., and Mr. C. E. Parker, I made an examination of the body, rendered hasty and imperfect by our not arriving at the house till about an hour before the funeral services were to commence, and by the reluctance of the mother to consent to the examination; and even then, we commenced under threats of resistance, *vi et armis*, by an elder brother.

The first thing, worthy of notice, in the external appearance of the body, was a posterior curvature of the dorsal vertebræ. This portion of the spine formed nearly a semicircle, and the distortion of the sternum corresponded to the spine. On opening the chest, it was found to contain about 6 lbs. of bloody serum; adhesions of the lung of the left side were extensive; lower lobe hepatized; the bronchia filled with bloody mucus, and the pericardium adherent to the heart, excepting at the apex, where was a small coagulum. In the abdomen, the pancreas was partly ossified, the kidneys small, and the left one studded with milary tubercles. The ossa pubis were wanting, and there was no ligamentous or cartilaginous union of the ischia. The corpora cavernosa were also wanting; the testes and scrotum were fully developed; the corpus spongiosum, with its preputium and glans, was about the natural size, and an inch and a half in length; there was a cleft in the superior portion of the glans, and, by turning the parts back, the urethra was exhibited passing through it. Extending from this to the bladder, was a groove on the surface of the corpus spongiosum, which seemed to be a bad conductor of the urine. The orifice into the bladder would easily admit the finger. There had been an incontinence of urine from birth. The bladder resembled a small sac, having no neck. The mother informed me that something occasionally came down through this opening in infancy, which caused much pain, and her physician called it a rupture. It was probably an inversion of the bladder.

This young man was of more than ordinary stature and strength. His mother said, "He was not worth a stick to pick up his load, but put it on his shoulders and he would carry as much as a camel." The weakness of his mind was in contrast with the strength of his body. His neighbors had supposed him to be an hermaphrodite, with as little reason as some of the deformities of the genitals of the other sex, had gained for the subjects of them this denomination.

MONSTROSITY.

On the 12th of May, 1836, Mrs. K. was delivered of a female child. The infant gave the usual announcement of a safe birth. But the joy

of the parents and attendants was soon turned into surprise and sorrow by the discovery, that instead of a nose between two eyes, there was but one orbit, situated where the nose should have been, and suspended above it was a substance resembling an elephant's proboscis. There was no eyeball, but within the orbit was a small quantity of something resembling the vitreous humor and the conjunctiva. The palpebræ were wanting. On irritating the margin of the orbit, there was an evident contraction of an orbicularis, exhibiting an effort at winking. The breathing of the child soon became difficult, as there was no other orifice for respiration than the mouth, and the lips at every inspiration operated as a valve to close it. By separating the lips with my finger, the respiration was restored. What was to be done? A tube, introduced and retained in the mouth, might perhaps save the life of the child, till she had *learned* (for instinct will not supply for the defects of one organ, an additional function in another) to open her lips to breathe. This I suggested; but *cui bono*? What was duty? How different the sympathies towards the little subject of nature's sport, and those formed according to her perfect model. On my visit, the next day, I was told the child had died about an hour after I left.

By the examination I was permitted to make, I found the proboscis was a well-organized elongation of the integuments of the forehead, having its base or origin over a small nasal process of the frontal bone. It was about the size of a lady's little finger—not quite so long, and a little more tapering; was patulent at its extremity, and the probe passed up a duct to about half its length. There were no superciliæ nor superciliary ridges, to denote where the orbits should have been. By puncturing through the dura mater, about a gill of water was drawn off.

On my first observing this *lusus nature*, my eyes were insensibly turned towards a show-bill of a menagerie of animals on the wall of the room, but I discovered no support to the opinion that the process of fœtal organization was influenced by the imagination of the mother, for there was no figure of an elephant, nor of a monocular animal, among the number.

Jaffrey, N. H., February, 1838.

MATERNAL INFLUENCES OF THE MIND ON THE FŒTUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Have we any positive proof that the imagination of the mother exerts an influence over the “fœtus in utero,” with regard to its form, color, and features, in consequence of being associated with surrounding objects terrific in appearance?

I have seen several communications in the Journal, on “Embryotic Influences,” and, as I am fond of controversies, on interesting subjects, when the object is to establish facts and elicit truth, I send you some few remarks, of which you may dispose as you deem them worthy. Reason and good sense will ever dictate when and where the line of demarcation should be drawn between sophistry and true reasoning—be-

tween assertions, based on superstitious impressions, and those founded on anatomy and physiology. That the imagination of the mother exerts an influence on the external appearances of the child in utero, is, in my opinion, contrary to all anatomical and physiological reasoning. The very fact brought to view, in the remarks of Dr. Goulding—"that the connection between the mother and unborn child is indirect only, and this through the medium of the circulation;" that there is no nervous communication whatever, between the mother and child, is sufficient argument to put a damper at once upon all further speculations on the affirmative of this question.

The fœtus has its own system of vessels, distinct from the mother, and is dependent on her only for nutrition and support; consequently she cannot change its form, otherwise than in supplying the means by which it grows. Now the nutrition which the mother gives to the fœtus, is in the blood, and we do not suppose that the blood, communicated through the ductus umbilicus, is at all changed from what circulates through the mother's system, until the child collects the living corpuscles and adapts them to its own use.

Dr. Fish supposes that he has set himself free from the "apparently inextricable dilemma" into which he was thrown by Dr. Goulding's remarks on the "nervous communication." He says, "The mother has nerves to separate the requisite materials from the blood, and the child has nerves to apply them to their proper use." We must infer from these remarks that the *imagination* has power to dictate the nerves in their choice of materials for the child; consequently it may be the means, having been excited by a fright, of producing a deformity, corresponding with the object which occasioned it. Let us carry out this idea for a few moments, and see to what it amounts. That the mother has one system of nerves, and the child another—that the two systems are distinct and unconnected, certainly proves, to a demonstration, that the imagination of the mother has no control over the nerves of the child, but that the latter disposes of the living corpuscles according to its own established laws.

Suppose a woman is *enceinte*, and has passed through the seventh month of gestation, without any unnatural excitement; but, all at once, while taking her morning or evening walk, a huge snake rises up before her and causes a fright. At the usual period she is delivered of a full-grown child; but, lo! there is a black zig-zag mark upon its back. Now to account for this on the principle of "maternal influence," the mark could not have been on the child's back at the time she saw the snake, but was formed subsequently. Did the excited imagination of the mother immediately produce a change in the quality or quantity of the blood distributed to the fœtus? Did it select a certain quantity of black material and direct the child to adapt it on its back in a zig-zag or serpentine manner? Was the back the first part she touched after being frightened? Was this mark formed instantaneously, or was it the work of time; and if the work of time, was the imagination excited during the whole process? What though there might be a change in the fluid, when it arrives at the ductus umbilicus the action of the

mother ceases, and the fœtus disposes of it at its will—then how absurd is the attempt to explain this on the principle of “embryotic influences.”

Dr. Ranney, in commenting upon Dr. Goulding’s remarks, says he has offered “one argument, and one only, against any baneful maternal influence upon the fœtus in utero,” viz., “that no nervous connection exists between them.” He does not attempt to confute this, but merely says, it would better have answered his purpose, were he able to account for every phenomenon in nature on philosophical principles. That is as much as to say, when we can explain one phenomenon on “philosophical principles,” we must throw that away, because we are yet so much in the dark that we cannot explain the whole. This would be a fine way of progressing science, when we get hold of one fact to fling it away for fear that it might lead us to another. He was once an infidel on this subject, but the cases he has quoted have made him a true believer in “embryotic influences.” If he had been very deep in the mire of infidelity, the three simple cases he has quoted never could have extricated him. “His students were in the habit of dissecting the eyes of the calf. One of them lectured on the diseases, &c., of that organ before his sister, who was enceinte. The part of the eye which she most admired, was the *lens*. After her confinement it was found that her infant had a cataract of both eyes.” A wonderful case indeed! I cannot see what this has to do with the question under consideration. How many instances do we have of children being born with cataract of one or both eyes, when the mother never saw an eye dissected, or a person laboring under that disease! Why may not the disease occur before the child is born, as well as afterwards? The principle would hold alike good in both cases—but in this referred to, the lady took the lens upon the point of a needle and examined it minutely. Probably when she stuck the needle into the lens of the calf’s eye, it also pained her child’s, and consequently rendered it opaque in part or wholly. He further says, that a full-grown fœtus was exhibited in the county where he resided. “The body and limbs were plump and perfect, and the only deformity appeared in the head and upper portion of the face, which was a perfect resemblance to a cat with a fractured skull and contused neck.” Now whether the mother witnessed the killing of a cat, he, or the gentleman who exhibited it, does not know; but he cannot assign a more plausible cause. Mark the grounds taken; he does not wish to explain it on any philosophical principle, but immediately palms it off on maternal influence, from the mere supposition (he does not know) that the woman saw a cat’s skull fractured. If this had been the case, it never could have been kept a secret, neither could the history of it have been confined to the vicinity where she resided; the story would have been told from “Dan to Beersheba.” And yet he admits that there is no proof of connection between the *supposed* causes and their results in any of these cases. From what, then, does he draw these inferences?—why from the fact that he calls them “extraordinary coincidences.” When Dr. Goulding produces a more rational theory, Dr. Ranney will be pleased to adopt it. Rational theory! What does the Dr. mean?—that it is rational to suppose, if a woman

has a particular desire for a bunch of grapes and is not able to obtain them, her child will have a picture of said grapes somewhere on the surface of its body! Is it rational to suppose that if, immediately after coition, a negro should stand before the woman, her child would be a mulatto? Is it rational to suppose that if a woman stands over the death-bed of her brother, his distorted and agonizing countenance will instantly be conveyed, by her imagination, to her child, and indelibly fixed upon it? If such a theory as this is rational, the comparative degree never should be called for.

If nature, in all her operations, is guided by systematic and uniform laws, we cannot expect that she will turn aside for an affright or untoward desire. If we are to explain all "*lusus naturæ*," connected with the fœtus, on the score of maternal influence, and without any positive proof, or rational coincidences, it will require abler pens than have ever yet commented upon it.

Because Hippocrates, Galen, and Darwin, believed that pictures were sufficient to give a corresponding appearance to the fœtus in utero, and that such notions have existed from the earliest history of the world, and still continue to exist, proves nothing in its favor, inasmuch as they could not support it by argument, based on the solid foundations of anatomy and physiology. Dr. Hunter's experience in two thousand cases of labor, to ascertain this point, proves more than all the whims now extant. Dr. Dewees thus describes the method which he took. "So soon as the woman was delivered, he inquired of her whether she had been disappointed in any object of her longing—whether she had been surprised by any circumstance that had given her an unusual shock—whether she had been alarmed by any object of an unsightly kind. Then, after making a note of each of the declarations of the woman, either in the affirmative or negative, he carefully examined the child; and he assured his class that he never, in a single instance of the two thousand, met with a coincidence."

A. PARKER, M.D.

Lebanon, Me. February 19, 1838.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 14, 1838.

PROGRESS OF SURGERY.

AMONG the many ingenious plans devised by surgeons in modern times for alleviating human suffering, the proposition of Dr. Bigger, for restoring lost vision, arising from permanent opacity of the cornea, is certainly unequalled. It consists in taking the transparent healthy cornea from the eye of an animal, and adjusting it to the eye of another animal, or to the human eye, from which the defective cornea is to be excised, at the same moment. He has performed the operation eighteen times on rabbits, and sixteen of them recovered imperfect vision. It must be much more difficult to transplant these essential parts of an important

organ of sense on brutes, than on men—particularly, as the most difficult and delicate part of the process relates to the adjustment and security of the new cornea. This part is confined to its new location by two fine ligatures, introduced by a needle. At first much perplexity was experienced in preserving the transparency of the transplanted organ, but he finally discovered that much benefit might be derived from a local application of a weak solution of bichloride of mercury, in the proportion of three grains to an ounce of distilled water, dropped into the eye three or four times a day after the adhesion was formed. The implanted cornea united to the sclerotica in seventeen cases, in forty-eight hours, so that the ligatures could be withdrawn. Dr. Bigger is not yet certain what animal it is most desirable to take the cornea from, though he has ascertained, thus far, that the pig's eye bears the nearest approach, in the character of its tunics, to the human. With this progress it will not be long before farther advances will be made to restore some now hopelessly blind person to imperfect vision. It is warrantable to make the attempt, even from these data, upon every principle of benevolence. The restoration of one blind man would be worth a hecatomb of animals, were it necessary to sacrifice so many. It will not, probably, be a year before some surprising triumph of modern surgery in this way, will be announced.

Pure Water.—The project which, at different times within the last ten years, has been brought before the inhabitants of Boston, for introducing water into the city, from the country, is again agitated. It is difficult to decide, from the condition of the business, as it now stands before the city government, whether the work will be speedily undertaken, or abandoned for another indefinite period. A very respectable number of physicians gave a professional opinion, years ago, that the health of the people would be promoted by the introduction of pure water, and, if we rightly remember, pointed out great and important advantages which would result from it in other respects. It is perfectly idle to pretend that the wells of Boston are equal to the demands of eighty or ninety thousand inhabitants, hemmed in as they are, by salt water, to a little spot of terra firma not much larger than a Berkshire farmer's sheep-pasture. Again, that all the wells, without distinction, are positively bad, and unsuitable for common domestic purposes, is equally gratuitous. The fact is, there are good wells and bad ones, but more of the latter than any one, not perfectly conversant with the topography of the city, would suspect. Still, there has never been any alarming mortality arising from this source, nor is it certain that many have died of diseases which were both developed and hastened to a fatal issue by impure water. Hoping for the best, we believe the City Council will act with that discretion which has always characterized its deliberations.

Manufactured India Rubber.—Notwithstanding the disrepute into which India rubber garments have fallen, as they were manufactured a few years ago, a revolution is taking place, and it would not be strange if some of the wild expectations of creating great fortunes by the sudden rise of India Rubber Stocks, should eventually be realized. Mr. Charles Goodyear, of Roxbury, in the vicinity of Boston, has discovered a manner of working this gum, which is absolutely astonishing. He not only actually has at this time long pieces of figured India rubber, resembling

rich calico prints, but an immense variety of useful every-day domestic articles, in which there is not a particle of cloth. He gives these fabrics any color which may be required—or finishes them off with a pearly whiteness, just as fancy or the taste of customers may dictate. It is said that the solvent used by Mr. G. is different from anything ever before selected—being an acid. The odor, which formerly made this kind of goods offensive, is not in the least degree perceptible. No cloth, as a foundation for a coating of rubber, under any circumstances, appears to be necessary to the strength or durability of any of the articles. Having noticed several desirable instruments, belonging to the domain of the profession, remarkable for their neatness and utility, the way was open for the foregoing remarks. Hereafter, on a further examination, a more definite account may be given of Mr. Goodyear's claims to patronage.

Whitlaw Medicated Baths.—Nearly opposite this office, Dr. Gerrish has established what are called the *Whitlaw Vapor Baths*, which have been so well spoken of by several physicians of the city, that we have visited the proprietor for the purpose of examining into the machinery, the mode of conducting the operations, and to inquire into the real merits of this system of medication, as conducted in this place. Were our practitioners to prescribe these baths much more frequently than they do, they would be much gratified with the results. This is an opinion based upon a careful investigation of the principle of preparing them. It is not pretended that every disease in the catalogue of human woes is dissipated by steam impregnated with essential oils; nor need any person apprehend a deception at the hands of Dr. Gerrish. Under the judicious guidance of a responsible physician, we feel warranted in saying that great good, in the restoration of impaired health, may often be effected by the Medicated Vapor Bath.

New York Bill of Mortality.—This is truly a voluminous and melancholy document, extremely well executed in its tabular details. The whole number of deaths in 1837, was 8182, being 679 more than died in 1836. The chief increase of mortality is imputed to marasmus, dropsy of the brain, typhus and scarlet fevers—amounting, in these diseases alone, to more than the whole increase. Of those who died in 1837, 6640 belonged to the United States; 1206 to Ireland; 301 to England; 74 to Scotland; 198 to Germany; 45 to France; 14 to Sweden, &c. By the last census of the city, in 1835, there were 131,624 males, and 138,464 females, making a total of 270,089. Of this number 15,197 were people of color.

The most curious and interesting part of this report relates to the average rate of mortality each successive year, from 1805 to the present date. In 1805, the mortality was as 1 to 32.98; in 1810, 1 to 46.49; in 1815, 1 to 41.83; in 1820, 1 to 37.19; in 1825, 1 to 34.78; in 1830, 1 to 37.92; and in 1835, 1 to 40.37. In this synopsis the stillborn were not included.

Within the same period, the average duration of human life was as follows. In 1805, the average of life was 28.72 years; between 1805 and 1810, 28.13; do. 1810 and 1815, 30.08; do. 1815 and 1820, 29.14; do. 1820 and 1825, 29.12; do. 1825 and 1830, 26.44; and between 1830 and including 1835, as in each case above—the average duration of life

was 25.45 years, which shows, notwithstanding a rapid increase of population, that the public health was good.

On the whole, this may be regarded in the light of a very valuable production, reflecting much credit on the indefatigable officer by whom it was constructed.

Mortality of Philadelphia.—A statement of the deaths in that city, in 1837, has been published in a very neat tabular form. Accompanying it is a statistical account also of the births during the same period. The births were 8188, of which 4235 were males, and 3953 females. The total mortality was 5202. Those dying of inflammation of the lungs, 226; consumption, 748; cholera infantum, 248; dropsy of the head, 192; scarlet fever, 205; smallpox, 79; stillborn, 321; of unknown diseases, 197. Of those who died, 365 were from the Almshouse, and 568 were colored people. The greatest mortality of males, in any month, being 219, appears to have been from August 5th to September 2d. Five persons died who had arrived to the age of between 100 and 110. The mortality of males exceeded that of females by 308. Of the first there were 2755, and of the latter 2447. No epidemic seems to have prevailed in the course of the year. Nearly all the bills of mortality which have been examined, for 1837, show that the year was characterized by a remarkable exemption from desolating maladies.

Institution for the Blind.—During the last year 14 were admitted to the Pearl Street Institution for the Blind in this city, 10 were discharged, 1 died, and 63 now remain. According to the annual report, the division and employment of time, the course of studies, the department of vocal and instrumental music, and the mechanical department, are all the same as in former years.

Among the pupils received last year, is one whose situation makes her an object of peculiar interest and lively sympathy. This is Laura Bridgman, an intelligent, sprightly girl, eight years old, entirely blind, deaf, dumb, and almost entirely deprived of smell, and has been so since her infancy. Here is a human being, deprived of almost every sense but that of touch, struggling to know her situation, and acquiring what would astonish any but the constant inmates of the institution. She runs about the house, up and down stairs, frolics with other children, plays with her toys, dresses and undresses herself with great readiness, and knows every inmate of the house by the touch. She can sew, knit and braid; has a sense of propriety, a desire to appear well dressed, and to have others notice it.—*Boston Traveller.*

Fatal Operation for Cleft Palate.—A daughter of Lord Lyndhurst, who was taken to Paris for the express purpose, was operated upon last year by M. Roux, for cleft palate. The result is said to have been fatal. We do not find in any of our journals the details of the case.—*Amer. Jour. of Med. Sciences.*

Medical Miscellany.—A correspondent writes that variola is rife throughout the Wabash Valley, and not one physician in a hundred has

any vaccine virus.—A spirited meeting has been held at Troy, N. Y., by gentlemen attending Dr. Armsby's lectures on anatomy, resulting in a series of resolutions, and the circulation of a petition, for signers, to be presented to the Legislature of New York, asking for a modification of the law, so that the study of human anatomy may be encouraged and protected, as it now is in Massachusetts and Connecticut.—A negro, aged *one hundred and eight* years, died a few weeks since on the estate of Dr. Straith, in Virginia.—On the 14th of January the mercury, in the city of Paris, stood at nine degrees below zero.—Dr. Sharpless's essay on the use and abuse of the pessary, in a neat pamphlet, is acknowledged, and future reference will be made to it.—The editor of the American Medical Library announces his intention of republishing Liston's excellent work on Surgery, in his Journal, accompanied with plates.—Dr. Morton's new work, *Crania Americana*, illustrated by sixty plates and a colored map, will be ready for subscribers in October next. The price is twenty dollars.—Dr. G. S. Bedford's forthcoming work on midwifery will contain four hundred octavo pages, illustrated by many engravings.—At a sitting of the Medico-Chirurgical Academy of Naples, M. Grillo presented two eyes, from the same subject, in both of which the vitreous humors were ossified.—Dr. T. Stewardson is the translator of M. Louis's researches on emphysema of the lungs, now being published in the American Medical Library. That valuable publication has reached the 22d number, and fully maintains the elevated character which it had in the beginning.—Dr. Harlan, of Philadelphia, has addressed a printed letter to the editors of the Medical Examiner, on the subject of his own and Dr. Gibson's clinical lecture a few weeks ago—touching the propriety of a certain great operation in which the actual cautery was resorted to.—Dr. W. S. W. Ruschenburger, of the Navy, is the author of a new work entitled, "*A voyage round the world, including an embassy to Muscat and Siam.*" This very industrious gentleman is the author also of "Three years in the Pacific."—Dr. Flint, of the Louisville Medical Institute, is said to be on the eve of going to Europe.—A new plan for warming and ventilating the House of Commons is spoken of with commendation. The floors of the rooms resemble a grater, so numerous are the holes in them.—Dr. Robert Nelson, the master spirit and leader in the Canadian rebellion, is reputed to be the best *operating surgeon* in British America. He is small in stature, thin and lean, but highly educated and exceedingly courteous in manners. Dr. Wolfred Nelson is his brother.—A resolution was introduced last week at the New York Board of Assistants, to pay \$500 to the Dispensary.

Erratum.—In the last number of the Journal, 80th page, 18th line from the top, for tongue not furred, *read* tongue more furred.

TO CORRESPONDENTS.—Besides various other favors, we are happy to acknowledge the receipt, but too late for further notice this week, of the report of the Worcester Insane Hospital.

DIED,—In Franklin, Vt., Lyman Tenny, M.D.

Whole number of deaths in Boston, for the week ending March 10, 32. Males, 15—Females, 17.
 Consumption, 8—fits, 1—scarlet fever, 3—marasmus, 2—dropsy on the brain, 1—typhus fever, 1—measles, 2—croup, 1—lung fever, 2—inflammation of the lungs, 1—convulsions, 1—sudden, 1—apoplexy, 1—hip complaint, 1—diarrhœa, 1—pneumonia, 1—inflammation of the brain, 2—dropsy, 1—inflammation of the bowels, 1—stillborn, 1.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week. Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

Boston, August 9, 1837.

EPHRAIM BUCK, M.D.
ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
JOSEPH MORIARTY, M.D.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafeld M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vendes as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3.

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LOWE & REED,
24 Merchants Row, Boston.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	- - -	DR. WARE.
On the Principles and Practice of Surgery,	- - -	DR. OTIS.
On Anatomy,	- - -	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 18—tf

VERMONT MEDICAL COLLEGE.

THE annual Course of Lectures, at this institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	- - -	H. H. CHILDS, M.D.
Pathological Anatomy, by	- - -	ELISHA BARTLETT, M.D.
General and Special Anatomy and Physiology, by	- - -	ROBERT WATTS, JR., M.D.
Principles and Practice of Surgery, by	- - -	GILMAN KIMBALL, M.D.
Chemistry and Materia Medica, by	- - -	DAVID PALMER, M.D.
Medical Jurisprudence, by	- - -	NORMAN WILLIAMS, A.M.

Woodstock, January 17th, 1838.

F7—eptM7

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVIII.]

WEDNESDAY, MARCH 21, 1838.

[NO. 7.

EDUCATION OF THE BLIND.

THE sixth annual report of the New England Institution for the Education of the Blind has just been given to the public. It cannot be read without exciting the liveliest emotions in every benevolent breast. Through the instrumentality of this school, the avenues to happiness, which were indeed blind ways to its unfortunate inmates, are now opened, and those powers which otherwise would have forever remained inactive, are both developed and directed.

Under the admirable management of its original director, Dr. Howe, the community are satisfied, and gratified too, with its present efficiency and future prospects. A biographical sketch of one of the pupils, pruned down almost to vegetable life as she is, in consequence of the total absence of what philosophers usually consider absolute requisites to constitute an intellectual, moral being, is so important and curious, that it is worthy of permanent medical record, and we therefore copy it from the report.

“Among the pupils who have entered during the last year, is one whose situation makes her an object of peculiar interest and lively sympathy. Laura Bridgman, a very pretty, intelligent, and sprightly girl, of eight years, is entirely blind, deaf, dumb, and almost entirely deprived of smell, and has been so since her infancy. Here is a human soul shut up in a dark and silent cell; all the avenues to it are closed, except that of touch, and it would seem that it must be but a blank; nevertheless it is active, and struggling continually not only to put itself in communication with things without, but to manifest what is going on within itself. The child is constantly active; she runs about the house, and up and down stairs; she frolics with the other children, or plays with her toys; she dresses and undresses herself with great precision, and behaves with propriety at the table and everywhere; she knows every inmate of the house by the touch, and is very affectionate to them. She can sew, and knit, and braid, and is quite as active and expert as any of the rest of the children. But all this, interesting as it is, is nothing compared to the mental phenomena which she presents; she has a quick sense of propriety; a sense of property; a love of approbation; a desire to appear neatly and smoothly dressed, and to make others notice that she is so; a strong tendency to imitation, insomuch that she will sit and hold a book steadily before her face in imitation of persons reading. It is difficult to say whether she has any sense of right

and wrong disconnected with the feeling that such an action will be re-proved, and such an one approved by those about her, but certain it is, she will retain nothing belonging to another; she will not eat an apple or piece of cake which she may find, unless signs are made that she may do so. She has an evident pleasure in playfully teasing or puzzling others. The different states of her mind are clearly marked upon her countenance, which varies with hope and fear, pleasure and pain, self-approbation and regret; and which, when she is trying to study out anything, assumes an expression of intense attention and thought.

“It was considered doubtful when she came whether it would be possible to teach her any regular system of signs by which she could express her thoughts or understand those of others; it was deemed highly desirable, however, to make the experiment, and thus far it has been successful. Common articles, such as a knife, a spoon, a book, &c., were first taken, and labelled with their names in raised letters; she was made to feel carefully of the article with the name pasted upon it; then the name was given her on another piece of paper, and she quickly learned to associate it with the thing. Then the name of the thing being given on a separate label, she was required to select the thing from a number of other articles, or to find the article; for instance, the word key was given her, on a bit of paper in raised letters; she would at once feel for a key on the table, and, not finding it, would rise and grope her way to the door, and place the paper upon the key with an expression of peculiar gratification. Thus far no attention was paid to the component letters of the word; the next step was to ascertain the correctness of her notion, by giving her metal types with the separate letters on their ends; these she soon learned to arrange and to spell the word; for instance, the teacher would touch the child's ear, or put her hand on a book, then to the letters, and she would instantly begin to select the types and to set them in order in a little frame used for the purpose, and when she had spelt the word correctly, she would show her satisfaction and assure her teacher that she understood, by taking all the letters of the word and putting them to her ear or on the book.

“She then learned the arrangement of the letters in the alphabet, and is now occupied in increasing her vocabulary of words. Having learned the alphabet and the arrangement of letters into words, which she associated with things, she was next taught the manual alphabet, as used by the deaf mutes, and it is a subject of delight and wonder to see how rapidly, correctly, and eagerly she goes on with her labors. Her teacher gives her a new object, for instance a pencil, first lets her examine it, and get an idea of its use, then teaches her how to spell it by making the signs for the letters with her own fingers; the child grasps her hand, and feels of her fingers, as the different letters are formed—she turns her head a little one side, like a person listening closely—her lips are apart—she seems scarcely to breathe—and her countenance, at first anxious, gradually changes to a smile, as she comprehends the lesson. She then holds up her little fingers and spells the word in the manual alphabet; next takes her types and arranges her

letters, and last, to make sure that she is right, she takes the whole of the types composing the word, and places them upon or in contact with the pencil, or whatever the object may be.

"The process of teaching her is of course slow and tedious; the different steps to it must be suggested by her successive attainments, for there are no precedents to go by;* but thus far the results have been most gratifying. She has not yet been long enough under instruction (four months only) to have got beyond the names of substances; the more difficult task of giving her a knowledge of names, expressive of qualities, feelings, &c., remains yet to be accomplished. No sure prognostic can be made, but much is to be hoped from the intelligence of the child, and the eager delight with which she lends all her attention, and the strong effort she evidently makes to gain new ideas; not from fear of punishment, or hope of reward, but from the pleasure which the exercise of the faculties confers upon her. No pains or expense will be spared in efforts to develop the moral and intellectual nature of this interesting child, and no opportunity lost, of gathering for science whatever phenomena her singular case may furnish.

"Laura was born of intelligent and respectable parents, in Hanover, N. H. When a mere infant, she was subject to very painful and dangerous "fits," the nature of which do not seem to have been well understood. Until twenty months old, though a pretty and interesting child, she was weak and fragile—a breath would have blown out the flame; but at that age she began to rally; her health seemed firmly established; her mental faculties rapidly developed themselves, and when she attained her second year she was more intelligent and sprightly than common children; she could already prattle some words, and had mastered the difference between A and B. But in a month after her sky was again overcast; she sickened and came near unto death; the disease, however, seemed to be baffled within, and to have fastened upon the external organs of sense, and in five weeks it was perceived that her sight and hearing were forever destroyed. During seven weeks of pain and fever she tasted not a morsel of food; for five months was she obliged to be kept in a darkened room; it was a year before she could walk unsupported, and two years before she could sit up all day. She was now four years old, and as her health and strength began to be established, she learned to go about the house and manifested a desire to be employed; not by her looks, for she was blind—not by words, for she was dumb. She could, it is true, for a time pronounce the few words she had before learned; but not hearing the *sound of her own voice*, she soon lost the command of her articulation—the sound answered not to the thought—the will lost command of the tongue—and the last articulate word she was ever heard to utter, was "book!" But

* Julia Brace, the deaf, dumb, and blind girl, in the Institution for the Deaf Mutes, at Hartford, did not succeed in attaining a knowledge of the written signs significative of objects. Julia possessed her senses until the age of four years, and she is aided by a sense of smell, sharpened by practice, to the acuteness of the vulture, while Laura has it so imperfectly as that she may be said to be without smell. James Mitchell, whose case is noticed by Dugald Stewart and other philosophers, did not learn any system of arbitrary signs, nor is there any case on record of a person deprived of sight and hearing succeeding in doing so.

she was not only deaf, and dumb, and blind, her isolation was still more complete—the sense of smell was so blunted as to be entirely useless, and only affected by pungent odors; of course, half the pleasure of taste was gone, and she manifested indifference about the flavor of food.

“It would seem that in this total darkness—this dreary stillness—this isolation from all communication with kindred spirits, the immaterial mind must have remained in infantile imbecility, while the body grew in stature and strength, or have attained a perception of its loneliness, only to pine and die at the discovery. But not so; every day she became more active and more cheerful; and she is now (as far as the closest scrutiny can ascertain the state of her mind) not only unrepining, but contented and happy. The sense of touch alone remains, and the sight of this unfortunate girl fills one with admiration, not only of the perfectibility of the senses, but of the wonderful power of the mind to adapt its operations to any circumstances of its bodily tenement—to put itself in relation with external things, and to obtain its own stimuli and manifest its own emotions through the most imperfect media.

“There is the strongest evidence of a thirst for knowledge—of an internal, intellectual want which can be gratified only by a new idea. Her greatest pleasure is to learn a new stitch—a new way of knitting or braiding—a new word—or to discover the application and use of any new thing; and her eagerness to learn is only equalled by the quickness of perception which she manifests.

“There is strong hope that if her life be spared, the patient and persevering efforts of the humane, aided by the ingenuity and councils of the wise, will succeed in throwing much light into her dreary prison, and be rewarded not only by the satisfaction of imparting happiness, but by new views of the operations of mind.”

SMALLPOX AND VACCINATION.

[THE following remarks are extracted from a lecture recently delivered in Woodstock, Vt., by Dr. Palmer, of that place. Reference was made to his opinions on vaccination, in the Journal for the 7th inst.]

After all that has been said or can be said, vaccination is not a perfect protection against smallpox. It is a perfect protection from death or danger from smallpox, and in most cases from any symptoms of that disease. But in a certain proportion of cases vaccinated persons are affected by a mild disease on being exposed to the smallpox contagion. To this modified disease the name of varioloid has been given. It is unlucky that physicians should have coined this new name, as it has, no doubt, tended to perpetuate the mistaken notion once entertained that it was truly a new disease. During the prevalence of the late epidemic in this place abundant evidence has been offered of the identity of varioloid and smallpox. The fact had always been observed, that many of the nurses in the pest-houses, who had been through the smallpox, were subject to a slight indisposition with more or less of eruptions, about a fortnight after full exposure to the variolous contagion. But the dogma

of the schools had gone forth, that none ever had this disease a second time, and these facts were smothered up or got rid of, like a multitude of other facts, which militated against favorite dogmas in philosophy. On the first introduction of vaccination it was claimed, as it had been for smallpox, that it conferred a perfect immunity from a subsequent attack of that disease. When a more extended experiment developed the fact that many who had been vaccinated were liable to suffer from symptoms resembling smallpox, the fact was attempted to be explained by the hypothesis of a genuine and *spurious* cowpox; and much was said about the period at which the vaccine matter should be taken for inoculation. It however soon appeared that those who had the most unequivocal evidence of genuine and effectual vaccination, were liable to the attack of this *new malady*, as it was then called, by the zealous friends of vaccination, who alleged that varioloid had recently been imported from India, the great storehouse, real or imaginary, of every pestilence which, since the period of authentic history, has desolated the western nations.

It is impossible, in the present state of our knowledge, to say what proportion of those, who have been properly vaccinated, will have varioloid symptoms on being exposed to smallpox.

By those who take the most unfavorable view of the matter, it is admitted that vaccination disarms smallpox of all its terrors—that, although one in ten, or less, or more, may have some of the slighter symptoms of the disease, yet there is no secondary fever, no pitting, no feter, and no danger. Another important question, which cannot at present be satisfactorily settled, is, whether the protective power of vaccination is on the decline. The more *general* opinion of those who have examined the subject is, that this is the case—that a larger proportion of those who have been vaccinated within the last few years have varioloid, than of those who were subjects of the disease immediately after its introduction. But, however this question may be settled, it does not in the least affect the main conclusion of the immense value of this protection. Some wise men, by a process of hypothesis-building, have arrived at the conclusion, that the vaccine protection will wear out, or fade out of the system in seven years, or fourteen years, or at the age of puberty, or at some other period, which they have made out by their *learning*. But *facts* are against all such conclusions. Many persons who were vaccinated thirty-five years ago, have been freely exposed to smallpox, during the late epidemic, without a single instance of infection; while all the cases of varioloid occurred in persons whose vaccination was comparatively recent. One of the proofs of the identity of smallpox and varioloid is the fact, abundantly substantiated, that persons laboring under the latter affection communicate the former, sometimes in its worst form. A most interesting question, growing out of this fact, is, under what circumstances can this communication be made? Many of the cases of varioloid are so mild as scarcely to confine the subject of it to his room for an hour. A slight headache, perhaps a chill, and trifling disturbance of the stomach, is all that is felt. To these symptoms of the lowest grade of the disease is superadded, in all the cases of any

greater severity, more or less of an eruption ; sometimes two or three red pimples, which are visible for a day and then fade, without even rising above the level of the skin, or assuming the vesicular appearance. It is *probable* that these cases will not communicate smallpox—probable, but not certain. We have no recorded and authenticated facts on this point, and on all this subject facts are everything, opinions not founded on fact a little worse than nothing.

DR. MARSHALL HALL ON TUBERCLE.

[Continued from page 57.]

GENTLEMEN :—The greater part of my last lecture was occupied with a translation of a MS. from my friend, M. Louis, of Paris. It is a document which cannot fail to excite your admiration. *It is the result of immense labor on the part of a man of unparalleled scientific accuracy, probity and truth.* I am sorry to observe that there are profligates in scientific, as well as in pecuniary matters. From such we turn with ineffable delight to such an elevated and noble example as M. Louis. It is principally from this document that I would draw a few inferences in reference to the question of

III. *The Relation of Tubercle with Inflammation.*—There have been perpetual disputes amongst pathologists upon this question. M. Broussais asserts the affirmative ; M. Louis the negative ; and physicians generally are divided in their opinions upon this point ; in a word, it has been distinctly seen that there is a connection between tubercle and inflammation, and yet the real nature of that connection has not been detected.

I think it will appear obvious to you, from the facts which I shall now adduce, that tubercle is *not* a simple *effect* of inflammation. I think it will be equally obvious that tubercle is *not*, in its pristine condition, a *cause* of inflammation. What, in fact, are the signs of inflammation ? Redness, tumor, enlarged capillaries, and minute arteries, effusion of serum, effusion of lymph. Do these phenomena, or any of them, uniformly attend the development, the existence of tubercle ? I believe not.

Nay, the very commonest results of inflammation—the effusion of serum, or of lymph, do not take place at the moment that tubercle is deposited, or during the crude state of this morbid deposit. It is true that tubercle is described as being sometimes *encysted*. But in the whole course of M. Louis's inquiries he found encysted tubercle but *once* ! In addition to this fact I may observe, that the bronchial tubes, the cellular texture of the lungs, adjacent to crude tubercles, and the pleura covering them, do not display any marks of inflammation. The first are free from redness or other inflammatory affection of their mucous membrane ; the second is free from consolidation ; and the last from the deposit of albumino-fibrine, or lymph.

I may, therefore, conclude that the formation and presence of tubercles are unattended by the usual effects of inflammation. What, then, *is* the relation between these two pathological conditions ?

Tubercle, when quite crude and simple, has *no* connection with inflammation. It is only when tubercle begins to *soften* that it becomes as a *foreign body* in the economy, *exciting*, like a thorn in the cutaneous, or like a bullet in the muscular, textures, or like the pus of an ordinary abscess, inflammation with its train of consequences. Tubercle induces inflammation as it softens; it induces the adhesive and the ulcerative ulceration; it induces the formation of a cyst, lining the cavity which it leaves; these cavities are covered by firm layers of lymph deposited upon the surface of the pleura. The process of ulceration proceeds, and sometimes we have even *perforation*.

The bronchial tubes adjacent to *tubercles* are pale and uninflated; the bronchial tubes continuous with tuberculous *cavities* are red and affected with inflammation.

The pleura over *tubercles* is free from adhesions, free from the effects and evidences of inflammation; the pleura over *cavities* is defended by layers of albumino-fibrine, firm, diffused, and sometimes of a cartilaginous hardness.

And now, Gentlemen, I think you perceive clearly the true relation between inflammation and tuberculous disease. Tubercle is deposited from the influence of *constitutional* causes, and is neither *effect* or *cause* of inflammation. Softened tubercle is a foreign body, and the exciting cause of inflammatory processes, in the same manner as ordinary pus; the case of perforation is precisely that of the progress of abscess; it is a less frequent event than it would otherwise be, on account of the firm layers of lymph deposited by another inflammatory process upon the superjacent pleura. Through these layers of lymph softened tubercles do occasionally penetrate, however, like the pus in ordinary abscess, and have passed into the sac of the pleura, and even to the external surface of the thorax.

I must now introduce another interesting topic to your notice in reference to tubercles; it is that of

IV. *The Diffusion of Tubercle*.—Whilst inflammation is frequently, nay, generally, confined to one texture, organ, or cavity, tubercle is apt to be diffused—to affect several textures and organs at the same time.

The degree of frequency in which tubercles occur in the different organs, is represented in the following table of M. Louis, which is founded upon 358 post-mortem examinations. Tubercle existed in the

Lungs	in ALL the cases except one
Small intestine	“ one third
Mesenteric glands	“ one ninth
Large intestine	“ one fourth
Cervical glands	“ one tenth
Lumbar glands	“ one twelfth .
Prostate	“ one thirteenth
Spleen	“ one twentieth
Kidneys	“ one fortieth
Cerebrum; cerebellum; spinal marrow; uterus; urethra	—in one case only.

This table is full of interest, and deserves to be carefully studied ; it is only in the lungs that tubercles exist alone.

The *left lung* and the *upper lobe* appear to be the most prone to the development of this disease. In seven cases, observed by M. Louis, in which the tubercles were confined to one lobe, they existed in the left lobe alone, in five ; in the right, in two only. The grey granulations, tubercles, cavities, are all more frequent, numerous, and advanced, in the entire upper lobe, than in the lower lobe, but especially at its apex ; the former is sometimes impermeable to the air, whilst the latter is still subservient to respiration. In 38 cases, M. Louis observed this fact 28 times in the left lung, and 10 times only in the right. In 8 cases of perforation of the pleura, 7 were also observed in the left lung.

There are several questions of considerable interest still to be determined by future observation : a first is, in what proportion of the cases of phthisis are the tubercles confined to the lungs ? a second, in what proportion of cases of tuberculous affection, is the disease predominant in the mesenteric glands ? a third relates to the proportion of cases in which tubercle is diffused over many organs, cavities, surfaces, &c.

I shall now briefly state an important law, and some important facts deduced by M. Louis from his observations upon this disease :—

1. M. Louis has ascertained, from the analysis and comparison of 358 cases, of which 127 were cases of death from phthisis, and 40 from other diseases, that tubercles never occur in any organ in the body, after the age of fifteen, except in cases in which they also exist in the lungs.

2. A second deduction of M. Louis is, that ulcerations of the epiglottis, the larynx, or the trachea, are not observed in any chronic disease, except phthisis (tubercles) and syphilis.

3. A third deduction relates to the existence of ulcerations of Peyer's glands, which are only found, in chronic diseases, in connection with tubercles in the lungs.

4. A similar deduction relates to chronic peritonitis, chronic from the beginning.

5. A fifth deduction from the observations of M. Louis is, that the affection termed fatty liver, is almost exclusively a complication of pulmonary tubercle.

Such are the results of the original researches of M. Louis ; they relate to ages beyond that of 15. M. Lombard has pursued the inquiry in reference to infancy and the earlier periods of life :—

1. Tubercles are very rare in the *fœtus* and in the early months after birth.

2. They become rather more frequent towards the age of four years ; and exceedingly so from four to five.

3. They again become less frequent after the age of five years to that of puberty.

4. After puberty, tubercle again becomes more frequent, but in the lungs only.

It is further ascertained that tubercles are more diffused, and more frequently occur in other organs, without affecting the lungs, in infancy than in adult age.

They also exist in the various organs in a different proportion ; out of 100 cases, for instance, tubercles occurred in the mesenteric glands in 31, and in the intestines in 9.

M. Andral has deduced from his own observations that men are more subject to tubercles from the age of 21 to that of 28, while females are more exposed to this disease before the age of 20.

M. Andral observes that after the age of puberty the term tubercle becomes nearly synonymous with phthisis. I have, however, traced the symptoms and appearances of tuberculous disease in the abdomen, in many cases after the age of 15, and especially between that period of life and the age of 25. In one interesting case, the patient was 35.

There is one other observation which I have made:—I have seen phthisis in several members of one family, and abdominal tubercles the predominant disease in those of another. So that not only the disease, but its form and seat, would appear to be derived from hereditary tendency.

[To be continued.]

SURGICAL CASES.

[OUR correspondent has certainly furnished some very singular cases, for which we make our acknowledgments. That which relates to lithotomy, purports to have been performed, in the most culpable manner, by a surgeon who has long been distinguished for manual adroitness and success in his operations—whose name and fame have for many years been familiar to us. Fearing that there is something enigmatical in the report, or some possible mistake, either on our own part in reading the manuscript, or in the writer, we have taken the liberty of erasing the name of the surgeon. The author of the communication being an entire stranger, he will not consider us unnecessarily cautious in regard to the feelings or character of one whom we have always respected as a man of science, a gentleman, and a worthy citizen of the State of New York.—ED.]

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I here enclose two or three cases that have fallen under my observation, which, if you should think them worthy of notice, you are at liberty to dispose of as you may think proper. Yours, &c.,

Oswego, N. Y., Jan. 27th, 1838.

P. H. HURD.

CASE I.—*Spina Bifida.*

10th March, 1835, I was called to see a female child, two months old, laboring under *spina bifida*. She was healthy and rugged, the general functions natural, with free use of all the limbs. The tumor was situated over the sixth and seventh dorsal vertebræ, semi-transparent, two inches lateral diameter, one and a half vertical, and three fourths elevated. On examining, found an opening between the above vertebræ, sufficient to admit the end of the finger. It occasioned much uneasiness

during pressure ; had increased one third since birth. I considered it a fair case to attempt a cure. Punctured the integuments with a spear-pointed needle, and let it ooze half an ounce of transparent fluid resembling serum ; applied a compress and bandage, moderately tight, and put her to bed ; gave an anodyne. 11th, found her quiet ; had rested very well through the night ; the fluid accumulating ; ordered a dose of ol. ricini. 12th, comfortable ; the tumor near its full size. Punctured as before, took one ounce, reapplied the compress and bandage. 15th, quite easy ; tumor about its usual size. Opened it and let one ounce ; tightened up the bandage. 19th, had been somewhat uneasy ; not quite the usual quantity of fluid. Punctured and let the same quantity. 21st, less voluminous ; symptoms quiet. Let all the fluid out (about one and a half ounce) ; applied a pledget of soft linen, spread with basilicon, and over this adapted a truss, the pad shaped to cover the whole tumor, and depress it in its centre. This created much uneasiness ; slight subsultus. Removed it after it had been on one hour ; directed it to be reapplied one hour after, and continued till the uneasiness returned, and follow up the removing and applying as she could best bear it. 22d, had been able to wear the truss about four hours in the twenty-four ; showed some appearance of inflammation. Left the truss off one day, and substituted the compress and bandage. 23d, reapplied the truss, and left discretionary power to remove and reapply as the exigences might be.

Suffice to say, after three weeks, alternating its use, it became bearable constantly ; the skin began to contract and thicken, appeared partially opaque ; the volume gradually diminishing, and at the end of three months from the application of the truss, a strong cicatrice had formed over and obliterated the opening almost entirely. Continued the application one month longer, and discharged her cured. She is at this time well and healthy, and as strong in her back and limbs as any other child.

I have another similar case, with this difference, the child is six months old, the integuments thicker, and opaque tumor between the last dorsal and first lumbar vertebræ, in which the same course of treatment is now pursuing ; and I have reason, from present appearances, to think that it will ultimately succeed, though it will require much perseverance and time. These are the only cases, out of fifteen or sixteen that have fallen under my observation, which could promise the least hope of success.

CASE II.—*Operation for the Stone, on a Female.*

This case presents a novel method of operating on the female for urinary calculi. I say novel, for I am sure neither common sense nor the darkened ages of the profession would ever have sanctioned such a plan. The patient, a widow, about 35, of "*easy virtue*," and constitution somewhat impaired by a disease previously contracted, found herself laboring under symptoms of urinary calculi. Nothing peculiar was exhibited but what is consonant with said malady. In July last, Dr. — was called to operate in the presence of myself and Drs. Mower and Baker. The patient was placed as is usual for the opera-

tion. An excavated piece of wood was introduced per vaginam, to press back (as the operator suggested) the matrix, to avoid wounding it, and supported by an assistant. The grooved staff was next introduced, and the beak of the largest sized gorget applied to the groove almost half an inch anterior to the orifice of the urethra. The gorget was then firmly carried back in the groove near four inches, severing the urethra and about three and a half inches of the bladder. The forceps were next introduced, and the stone grasped, but owing to its soft consistence it was crushed and a small fragment only brought away. Then with the thumb, two first fingers, and scoop, the remaining part, with some coagula, was removed. The size of the calculi was about that of a hickory nut. The patient was put to bed apparently comfortable. The operator desired me to take charge of her. I declined, knowing full well what would be the sequel, and wishing to prevent his saddling censure, by pleading subsequent mal-treatment. It resulted as might be expected; neither the urethra nor bladder has united, nor ever will, but will leave the patient to linger out a "loathsome existence" (as she terms it) far more intolerable than that of her previous malady. I have been informed that this is his usual method of operating, with similar results. Now I would ask, in the name of charity, does not the dividing of the urethra perfectly destroy all chance of recovery? Can there be a canula or any other apparatus applied and retained, to convey the urine away, obviating its infiltration through the preternatural opening? Certainly not. Then the consequences must be obvious. Is there any authority, saying nothing about common sense, in the matter?

I should not have sketched this case, were it not for the circumstance of its author standing before the public as one whose duty it should be to lead us into the enlightened paths of science, and for the benefit of suffering humanity.

CASE III.—*Ramping Surgery!*

This is a case that fell under my observation last March, where attempts at accouchment were made by a miserable tyro, whose stupidity was only commensurate with his ignorance. It was in his own family. The woman was of middle age, good constitution, regularly formed. She was taken with labor for the fifth time, and after a lapse of several hours a seat was prepared on the side of the bed, on which she was placed. The husband being seated, on examination, found the right hand presenting. He made forcible extension on this, but could not succeed. The pains becoming insufferable, he noosed a piece of a bed-cord around the wrist of the child, and placing his foot against the bedstead and fundament of the patient, straightened back, with "*might and main*," till the arm gave way, letting the operator, with his chair, over upon the floor, the arm flying to the back side of the room. (What a figure for the pencil of a Hogarth!) This rather dampened his zeal, and he started after a regular accoucheur; but just as the latter arrived, nature had expelled the *scetus* without aid, by producing a spontaneous evolution, and giving the head a natural position. The child appeared large and sprightly. The father was directed to send immediately for a surgeon, and see what was to be done. He deferred eight hours (probably

in hopes that death would aid in cloaking his infamy), at which time he called on me. I found the arm horribly mutilated; the humerus had given way one inch above the elbow joint; the skin at the shoulders, the muscles, tendons, nerves, and bloodvessels, yielded at their weaker points; some oozing of blood. I amputated at the shoulder joint, drew the integuments together, which united readily, and discharged him in fourteen days, well. He is now a healthy and sprightly child.

I mention this case, as well to exhibit how much the fœtus will suffer in utero with impunity, and what nature will do in accomplishing her purposes without interference, as to show to what extremes such ignorant pretenders will go in carrying out their presumption. I can cheerfully say that there are but very few parallel cases on record, where there is so much turpitude of heart and wanton depravity as was exhibited in the above case.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 21, 1838.

STATE LUNATIC HOSPITAL.

THE fifth annual report of this admirable institution has been published at the expense of the Commonwealth. In its character of a medical document, it is so important, that we confess ourselves in a dilemma in relation to the portions which should be selected as specimens, for those who cannot have access to the whole. As in former years, the tabular arrangement of the patients at once enables the reader to understand the precise condition of every individual in the hospital, accompanied by a succinct biographical sketch of each, in the fewest words.

Dr. Woodward says, triumphantly, and justly too, "Another year of prosperity is added to the records of the hospital, and we here present our annual tabular view, which will show what has transpired in our wards for the past year, and in what condition we commence another.

"In less than five years, we have received *six hundred and seventy-eight* patients, making more than what is equal to an entire change every year.

"We have sent back to society and their friends, a large number entirely restored to health and a sound mind, and many more whose condition has been essentially improved. With this large number of the insane, many of whom were furious and dangerous, so as to make it quite unsafe that they should be at large, we have been preserved from any serious accident and from dangerous disease."

During 1837, one hundred and sixty-eight patients—ninety-four of whom were males, and seventy-four females—were admitted into the hospital. When the last year closed, one hundred and thirty-eight remained of the former inmates, which, with the new entries, makes a total of those under medical treatment in the year, of three hundred and six. In the same period there were nine deaths, being at the rate of one in thirty-four.

Here follow the author's observations on the fifteen tables contained

in the report, with various practical and philosophical remarks upon insanity, which are entitled to particular consideration as the results of a critical analysis of the diseased mind, by one whose sole occupation is directed to that one subject, under the highest advantages. As it is not now convenient to copy extensively, we shall only introduce the following per centage of recoveries, presuming that free drafts made upon the report hereafter, will be acceptable.

“The recoveries from insanity arising from intemperance, are about fifty per cent. ; arising from domestic afflictions, something more than *fifty-five* per cent. ; arising from ill-health, something more than *sixty-two* per cent. ; from religious causes, about *fifty-two* per cent. ; from masturbation, about *thirteen* per cent.”

Dr. Woodward's views on what is denominated *moral insanity*, will be well received. He touches another department, insanity from religious causes, with extreme delicacy, yet with a firmness and discretion that meet our warmest approbation. We recollect the circumstance, as one of the happiest in our life, that we had the opportunity of acting officially, in the legislature, to forward Dr. Woodward's project of erecting a chapel exclusively for the insane, which, say the Trustees, “*is believed to be the first house of worship ever erected exclusively for the insane.*”

New Magnetic Electrical Machine.—Dr. Charles G. Page, late of Salem, now of this city, has invented a new magneto-electrical machine, which furnishes a galvanic power equivalent to that from a deflagrator of 100 pairs of plates of common size. We see no reason why this instrument will not supersede entirely the galvanic battery in the laboratory of the chemist, and for all other purposes. Faraday was the first to discover the means of developing galvanism by the action of the common steel magnet, but Dr. Page will have the honor of having first rendered this discovery useful to the scientific world. Within a few years a variety of magneto-electric machines have been contrived in Europe, illustrative of Faraday's important discovery ; but they are useless, except as matters of pleasing interest, from the fact that the elements of bodies to be decomposed could not be obtained separate, there being always two opposing galvanic currents. In the apparatus contrived by Dr. Page, the current is a single and constant one of great power, and the elements of all decomposable bodies are rendered separate and at their appropriate poles. The shock from this instrument is far greater than that from a hundred pairs, and it would, doubtless, kill a large animal. We understand that a full and accurate description of this machine will be given in the coming April No. of Silliman's Journal.

Ossification of the Vitreous Humor.—In the 6th No. of the 18th Vol. of this Journal, is recorded a case of ossification of the vitreous humor in two eyes taken from the same subject. Other examples are mentioned in works on diseases of the eye. In one case, says Mr. Wardrop (vide *Essays on the Morbid Anatomy of the human Eye*), “Besides the capsule of the lens being ossified, I found several large but thin scales of bony matter, dispersed in an irregular manner throughout the vitreous humor, which, in all probability, were ossifications of the hyaloid membrane. In another eye, extensively disorganized by serious disease, and shrunk, the cavity of the globe within the choroid and iris, was occupied

by an irregularly-shaped bony mass, composed of two distinct portions, slightly connected. The anterior was spherical, and consisted of a thin hollow shell of bone ; it appeared to be the capsule of the lens ossified. The other occupied the situation of the vitreous humor ; and from the inequality of its surface, being composed of numerous osseous laminæ irregularly disposed, I conceived it to be portions of the hyaloid membrane ossified." A similar case is related by Morgagni, and another by Scarpa. Colored plates, representing these ossifications, accompany the very valuable work above referred to. It has been observed, that most of the textures belonging to the eye, if not all of them, have been found converted into bone, more or less extensively ; the change having seldom been observed, excepting in eyes which had been seriously disorganized by acute inflammation many years before death, and had then remained collapsed and shrunk ; or at all events deprived of vision. The subject, therefore, generally speaking, is of no practical importance, but is not undeserving of the attention of the morbid anatomist.

Blind Institution.—The philosophical reader will find much to interest him in the history of a little girl belonging to this institution, copied in detail in this day's Journal. Here is an individual giving conclusive evidence of being in possession of a mind, operating independently of those organs of sense on which its very powers, nay, existence, as some affirm, necessarily depend. She neither hears, sees, speaks, or smells ; touch and taste are the only avenues through which she holds communication with the world. And were these taken away, is it likely that the body would be reduced to vegetable life, bereft of its now presiding, controlling power of intellect ? To the metaphysician, we recommend the consideration of this individual case, and ask him to solve the question if he can—what would be the condition of her intellect, were touch and taste taken away ?

Louisville Medical Institute.—On the 2d inst. the degree of Doctor of Medicine was conferred on twenty-four gentlemen, who had undergone satisfactory examination and submitted theses on various subjects. The honorary degree was conferred on S. C. M'Whirter, of Wilson Co., Tenn., and J. M. Talbot, of Louisville, Ky.

Smallpox among the Indians.—The Globe publishes a letter from Gen. William Clark, the Superintendent of Indian Affairs at St. Lewis, giving the most melancholy description of the ravages of the smallpox among the tribes of Indians in the Upper Missouri. The Mandans, consisting of one thousand persons, had been reduced, by the scourge, to thirty-one. Of the *Gros Ventres*, or Minetarees—a tribe of 1000 strong—one half had perished, and the disease was still raging. The Ricaras tribe, numbering about three thousand, had been reduced one half at the last dates. Most of those that survived, subsequently committed suicide—some by shooting or stabbing, and some by throwing themselves from the high precipices along the Missouri. The great band of Assiniboins, say 10,000 strong, and the Creeks, numbering about 3000, have been almost annihilated. The disease had reached the Blackfeet, of the Rocky Mountains ; a band of 1000 lodges had been swept off,

and the disease was rapidly spreading among the different bands of that great tribe, numbering about 60,000 souls. Immediately on the receipt of this deplorable intelligence at Washington, measures were adopted by the proper authorities to afford alleviation, and if possible to prevent the further spread of the scourge.

Bloodletting in Turkey.—All unnecessary spilling of blood is rigidly forbidden by the Koran, notwithstanding which, the Turkish surgeons do sometimes draw blood immoderately. Scarification, or rather cupping, is a frequent and favorite remedy in many diseases, and is performed in the primitive fashion, originally common amongst uncivilized nations, and still not quite obsolete in the highlands and islands of Scotland, viz., by making an incision with a razor and using the mouth and a sheep's horn as an exhausting means for extracting the blood. Venesection is also in frequent use, and is performed by means of a round-pointed lancet contained in a sheath, from which it is projected, by means of a bow or spring, to a certain depth into the skin.

Medical Appointments in the Navy.—Geo. Climer, Isaac Brinckerhoff, Wm. M. Wood, J. Vaughan Smith, Jones W. Plumer, Solomon Sharp, Daniel Egbert, Amos G. Gambrell, and Wm. A. W. Spotswood, to be Surgeons in the Navy from the 20th February, 1838.

J. W. B. Creenhow, of New York; George Maulsby, of Pennsylvania; Charles J. Bates, of Massachusetts; Wm. A. Green, of Pennsylvania; Wm. Grier, of Maryland; Edwin H. Conway, of Virginia; J. Winthrop Taylor, of New Jersey; James Monroe Minor, of Virginia; Buckner T. McGill, of Virginia; Philemon Baker, of New Jersey; to be Assistant Surgeons in the Navy from the 7th of March, 1838.

Medical Miscellany.—Dr. M. Castle is lecturing on phrenology in a church on Poydras street, at New Orleans.—At the annual meeting of the members of the Dispensary in the city of Providence, last week, the officers were elected for the ensuing year.—Dr. Duncombe, one of the Canadian revolutionist leaders, is giving lectures at Cleaveland, Ohio.—The scientific acquirements of Dr. Falconer, Civil Surgeon of Subahempore, India, are much extolled in the papers of the East.—Mr. Potter, of Providence, is lecturing on animal magnetism at Baltimore. The audience should be furnished with the *World of Wonders*, recently published, for a text book.—Intermittent fever seems to prevail at the west to a considerable extent.—The disease which is sweeping off the Indians so fearfully near the Rocky Mountains, seems to differ very considerably from the smallpox, which never terminates fatally in a single day, as represented in the case of this distressed race.—Dr. J. W. Graves, of Lowell, received, at the late election, 529 votes, out of 1400, for mayor of that city.—The executors of the late Dr. Jonas Preston, of Philadelphia, have paid over the residue of his estate, amounting to \$350,981 55, bequeathed by him for the establishing a Lying-in Hospital in that city, exclusively for indigent married women.—Particular states of the atmosphere have been noticed to have an effect in the production of pytalism, the cold and dry conditions being thought to render it more difficult.

TO CORRESPONDENTS.—The communication from Keene, N. H., is in the compositor's hand for next No.—also, another from our old correspondent, Dr. Williams. Dr. Stevens's Lectures on Lithotomy are also received.

While number of deaths in Boston, for the week ending March 17, 37. Males, 21—Females, 16.
Consumption, 5—debility, 2—marasmus, 2—infantile, 3—suicide, 1—convulsions, 1—stoppage in the bowels, 1—palsy, 1—lung fever, 4—old age, 4—cholera infantum, 1—hooping cough, 1—measles, 1—accidental, 1—indueza, 2—fits, 1—brain fever, 1—dropsy in the bowels, 1—stillborn, 7.

MEDICAL INSTRUCTION.

The subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

Springfield, January, 1838.

Jan. 17.

JOSEPH H. FLINT.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week. Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

Boston, August 9, 1837.

EPHRAIM BUCK, M.D.

ASA B. SNOW, M.D.

E. WALTER LEACH, M.D.

HENRY G. CLARK, M.D.

JOSEPH MORIARTY, M.D.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works. Anatomical instruction and private dissection will form a prominent part in the study of the pupils. For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. COOPER, M.D.

JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	"	DR. WARE.
On the Principles and Practice of Surgery,	"	DR. OTIS.
On Anatomy,	"	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Oct. 18—tf

WALTER CHANNING,

JOHN WARE,

GEORGE W. OTIS, JR.

WINSLOW LEWIS, JR.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$2.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

T H E

BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVIII.]

WEDNESDAY, MARCH 28, 1838.

[NO. 8.]

DR. MARSHALL HALL ON TUBERCLE.

(Concluded from page 109.)

I now proceed to treat of the

V. *Signs and Symptoms of Tubercles.*—The *signs* of external tubercle are, principally, insidious and slow inflammation, suppuration, and ulceration, followed by a red indented cicatrix, and situated—1, in the absorbent glands—of the neck, the groins, &c.; 2, in the joints—of the wrist, the ankle, the elbow, the knee, &c.; and 3, in the bones—of the finger, arm, leg, &c.

The further signs of this disease are those of the tuberculous *diathesis*: the tumid, cracked lip; the red, denuded eyelid; the florid complexion; the precocious mind, &c.; or similar appearances in other members of the family.

The *symptoms* of tubercles are very peculiar, and have not been sufficiently noticed by practical writers.

Before the stethoscope can detect the existence of tubercles in the lungs, the constitution of the patient frequently takes the alarm, and the functions of the circulation and of the respiration become slightly accelerated, or are easily hurried. I have frequently observed that, with a complexion which is apt to alternate between the pallid and the vivid, there is a degree of sensitiveness to cold, of susceptibility of the effects of heat, of breathlessness on moving quick or ascending a hill or staircase, and of cough; this cough is frequently slight, hacking and dry, and scarcely or not at all observed by the patient or friends. In other cases, and especially in females, the countenance is pallid, with the slightest waxen or lemon hue, a tendency to blue lividity observed in the lips and at the roots of the finger nails, and a disposition to coldness of the extremity of the nose, the ears, and the hands and feet. These changes are frequently so insidious that they are apt to be first observed, not by those who are in the daily habit of seeing the patient, but by some one who sees him after a certain interval and is struck by the change.

Even at this early period I have frequently found, on inquiry, that the catamenia have ceased. And I would observe, that this cessation of the uterine discharges is generally, or at least frequently, complete at once; unlike the case of disorder of the general health, in which the flow becomes very slowly paler and more scanty, and, except in chlorosis, not ceasing altogether, and even in that disorder, generally very

gradually. This is the more remarkable because the condition of the uterus, under the influence of tuberculous disease, is one of great proneness to conception, a change which has, in its turn, a reflex action in arresting the progress of the tuberculous affection.

The fever which accompanies phthisis, like other symptomatic fevers, and unlike all pure and primary fevers, is frequently unattended by muscular debility, or by affection of the head, or of the digestion. There is no headache, or vertigo, and the patient often continues to walk or to ride to the last. There is a degree of feebleness and stooping observed in the gait, very early in the disease; and this remains little augmented, until the colliquative perspiration or diarrhœa bring with them their own debility and emaciation.

Tuberculous disease in the abdomen is greatly characterized by three symptoms:—1, great tendency to coldness and lividity of the extreme parts of the body; 2, a frequent pulse; and 3, slow but progressive emaciation.

The aspect of the countenance is altogether peculiar, especially in cold weather, together with an obvious emaciation and expression of languor and disease; the end of the nose is livid in color, and cold to the touch; and there is, in general, either paleness or a slight degree of flushing.

Similar observations may be made respecting the general surface. There is emaciation; the skin is soft, and apt to become moist, and there are generally perspirations during sleep, especially in the early part of the morning; to prevent this perspiration the patient frequently endeavors to keep awake; there is an undue sensibility to cold observed on the slightest unexpected exposure—as the opening of a door—and the patient usually creeps over the fire; sometimes I have observed the back part of the hands, and the fore part of the legs, to assume a peculiar brown color, from being burnt by this constant exposure to heat; the hands and fingers are apt to be extremely livid and cold.

The mode of walking is peculiar, being attended by stooping, weakness and caution. The pulse is always frequent, and generally regular. It is earlier and longer frequent, in tuberculous affection of the abdomen, than in that of any other cavity. I have known the pulse to be between one hundred and one hundred and twenty for several years. The emaciation in tuberculous disease of the abdomen is uniformly, but very slowly, progressive. It is accompanied by a state of unvaried debility; and in the latter periods of the disease, by some œdema, generally observed more in one leg than the other. The catamenia simply become scanty, or cease, without undergoing the changes observed in some cases of disorder of the general health. There are altogether a peculiar appearance of the countenance, a peculiar mode of walking, and a peculiar attitude and manner in general, all denoting debility and great disease; if to these be added the peculiar sensibility to cold, and tendency to coldness and lividity of the extreme parts of the body, the very general emaciation, and the habitual frequency of the pulse, it is scarcely possible to mistake the nature of this disease.

Tuberculous affection of the encephalon, can, I believe, only be sus-

pected and distinguished from insidious inflammation, or the slow formation of tumors, by observing the concurrent existence of tubercles, or of some other strumous affection, in other parts of the body. Or, if there do exist symptoms which distinguish this morbid affection within the head, they have not hitherto been noticed with accuracy. It is in the case of suspected tubercles of the encephalon, or spinal marrow, that the law ascertained by M. Louis is so valuable: are there signs or symptoms of tubercles in the lungs? According as this question is answered affirmatively or negatively, is the probability that the case is one of tubercles of the other organ.

I must now beg your attention to a few observations upon

VI. *The Prevention and Treatment of Tubercles.*—This question is one of the deepest interest. That tuberculous formation has been prevented in some instances, and that it has been cured in others, is undoubted. The principles upon which these events have been effected, are:—

1. The removal of the *causes*.
2. The correction of the *diathesis*.
3. The *local* treatment.

The modes of avoiding the causes of tubercles will be readily understood, by reverting to the enumeration of those causes which has been already given.

The cold, damp, soil, or air, the insufficient food, clothing, exercise, air, diet, light, &c., are to be exchanged for the opposite order of things.

The second object seems to be best accomplished by the free exposure to the country air, or sea breezes; by first stimulating the general surface of the body by sponging with salt water, and using a coarse towel, and then by protecting it by flannel and proper clothing; by keeping up tone and strength of the system, by an animal diet, regular exercise without fatigue, early hours, by frequent journeys, voyages, change of scene, total change of abode, &c.

For the sponging I advise an ounce of common salt to be dissolved in one pint of water; with this the patient is to sponge the whole surface of the body, using it warm in winter, tepid in spring and autumn, and cold in summer; a very coarse towel is then to be used actively, so as to induce a general glow of warmth over the system. The *feet* may be rubbed last, until they glow. The towel may be dipped into such a solution of salt, and be allowed to dry, before it is used.

The sponging is to be repeated every morning; it may also be repeated, *as the most effectual remedy for the colligative perspiration of tuberculous patients*, in the night, or early part of the morning. After this the patient may remove to another bed, and will frequently pass the remainder of an otherwise wearisome night, in a comfortable and refreshing sleep.

The general surface should be protected by flannel—waistcoat and long drawers; the upper clothing must vary with the season.

The diet should consist of mild animal food.

Travelling, or the sea breezes, or, best of all, a sea voyage to the West Indies, constitute the most important remedy in incipient tubercle.

The change, the tonic air, the milder climate, do good. Would it were possible to accomplish these things for our pauper patients. I do think that if we could convey our patients to a large ship at sea, and leave them there for a time, instead of landing them upon a heated island, much good might sometimes be accomplished. Such an enterprise is worthy of a great nation's attention.

In addition to these plans, the frequent, or steady use of the quinine, appears to me to be of great efficacy.

In regard to *local* remedies, I must observe that they are principally useful when applied to the thorax. In incipient phthisis I have found two such remedies of great advantage. The first is an ammoniacal *liniment*, the second the alcoholic *lotion*.

The liniment should be well applied, for half an hour, night and morning.

The lotion should be applied across the sub-clavicular regions, in small quantity, every half hour.

As I would not excite hopes which may not be realized, I can only further observe, that of all the *remedies* in phthisis, I consider the liniment and the lotion as the most important. For the tuberculous diathesis I believe *the sea* to be the principal remedy.

This subject will come under our notice once more, when I speak of *phthisis*, and will then be treated at much greater length.

CARCINOMATOUS SARCOMA IN THE MUSCLES OF THE ARM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I herewith send you an account of an interesting case which has recently occurred in the practice of my medical instructor, Dr. Twitchell, of this place, which, if you think proper, you are at liberty to publish.

I am, Sir, most respectfully, your obt. servt.

Keene, N. H., March 15, 1838.

CHAS. VOSE BEMIS.

21st February, 1838. I—— P——, a man of 22 years of age, presented himself with a disease of the left arm. He says that about three years since, in lifting a heavy weight, he sprained the shoulder joint of this arm severely—and a day or two afterwards, he was exposed to cold and wet, which, he thinks, had some effect in aggravating the injury. The functions of the joint remained somewhat impaired for about two months after this accident; at the expiration of which time he perceived several hard gristly prominences on the arm, near the insertion of the deltoid muscle. These gradually increased, and subsequently coalesced—so that a hard, gristly ridge completely encircled the arm at this part. The swelling gradually extended upwards and downwards; so that ultimately the whole upper arm, and portions of the muscles over the scapula, and of the pectoralis major, became implicated in the disease. The arm is nearly three times larger than the other. The glands in the axilla are a little larger and harder than is natural. The swelling is hard and firm; it does not give the irregular, scaly feeling of osteo-

sarcoma, but seems to be fibro-cartilaginous, rather than bony. The superficial veins over the diseased parts are much enlarged. The disease has been, almost unremittingly, attended with sharp, lancinating pain, extending downwards to the elbow joint, and upwards to the neck and back of the head; and the patient has been, at times, troubled with very severe headache, which he referred to the back of the head.

The patient has employed a variety of remedies, by the advice of different professional gentlemen. The arm has been freely leeches and cupped. He has taken largely of iodine, in the form of potass. hydriod.; an issue was kept open, for two or three months, on the lower part of the upper arm, the discharge from which was copious, consisting of thin, sanious pus. In short, all the remedies usual in such cases have been unavailingly exhibited, not even mitigating the pain. He is, of course, much emaciated and weakened; but his general health seems to be pretty good. The functions of the digestive organs are unimpaired; he has no cough; and auscultation gives the healthy sound. He is very desirous that an operation should be performed; and as it is thought the removal of the diseased parts will afford him some chance of at least temporary benefit, the operation of removing the arm, together with the scapula and a part of the clavicle, has been decided upon.

24th February. The operation was performed to-day, at ten o'clock. The axilla having been shaved, an incision was made through the integuments, commencing near the inferior point of the scapula, extending upwards and forwards, and passing about two and a half inches in front of the coracoid process; another incision, commencing over the middle of the clavicle, was carried downwards and forwards to meet the first. The integuments were then dissected up from over the clavicle—this bone was sawed through, with Hey's saw, at about its middle, and articulated from the scapula. The subclavian artery, which had been compressed on the first rib, was easily secured. The integuments were next dissected up from over the scapula—that bone was removed from its attachment on the under side; and the sub-scapular artery, and two small branches which required the ligature, were secured. The operation was concluded by forming a small portion of flap from the axilla. The whole operation occupied 25 minutes—part of this time was lost on account of the fainting of the patient. Not more than half a pint of blood was lost.

On dissection it was found that the muscles of the upper arm, with the exception of a small part of the biceps flexor cubiti, were entirely converted into a hard, fibro-cartilaginous mass, through which irregular striated lines passed in different directions. The inter-muscular fascia seemed to have resisted the disease longest—it could be distinctly made out in many places. The brachial artery was unobstructed, but its coats were converted into something very like cartilage. The articular cartilages of the shoulder and elbow joints were partially absorbed. On the outer side of the fore arm two or three small indurated spots were observed; which, when cut into, were found to correspond in appearance to the disease on the upper arm. The os brachii was of the natural size, but very rough and fragile; it was accidentally broken at the

neck, during dissection, by the fingers. The disease was undoubtedly carcinomatous sarcoma.

The patient supported the operation very well. Immediately on its conclusion he was put to bed, and tinct. opii gtt. 70, were directed.

4 o'clock, P. M. The patient, considering the circumstances, is comfortable. Reaction has come on moderately. Breathing regular. Pulse 82, full. He is somewhat incommoded by spasmodic twitching in the wound. An opiate was ordered at bed-time.

The dressings were removed 72 hours after the operation. Union by the first intention had taken place. There was no suppuration, except what was caused by the ulceration around the stitches. The ligature on the subclavian came away on the nineteenth day. Some portions of the cut surface around the ligature, which were not united by the first intention, healed kindly by granulation. The patient recovered his strength very rapidly—sitting up most of the time, and walking out, daily, after the removal of the ligature.

GERANIUM MACULATUM, DR. PARTRIDGE, &c.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—In the late excellent prize dissertation of Dr. Oliver Wendell Holmes, of your city, on intermittent fever, which has recently been published, and which obtained the premium of fifty dollars from the Boylston fund, is a valuable and interesting letter from my venerable friend, Dr. Oliver Partridge, of Stockbridge, now about eighty-eight years of age, which has been read with great avidity and interest by the medical public. As I was instrumental in procuring that letter for Dr. Holmes, I hope he will not consider it impertinent in me for suggesting here the propriety of his forwarding to Dr. Partridge a copy of his dissertation, either through the representative from Stockbridge, or through me. I will transmit it to him soon with pleasure. As he is yet fond of reading medical books, it will afford him great pleasure in his declining years. Dr. Partridge in early life devoted all his attention to the profession of medicine, and was a most successful and observing practitioner. He was one of the early members of the Massachusetts Medical Society. When he retired from practice, he resigned his seat in that body. He was for many years a partner of the late Dr. Erastus Sergeant, of Stockbridge, formerly a Counsellor in our Society, and a most eminent physician. I wish Dr. Partridge could be induced to write a memoir of his distinguished partner and brother-in-law, for your Journal; and I wish, also, that some one who has the facts concerning the life of the late Dr. Henry Wells, of Montague, one of the most distinguished physicians we have ever had in Massachusetts, would furnish them for the same purpose.

I have just received another letter from Dr. Partridge, on the subject of the "cranesbill," the "crow-foot," and the "cow-parsnip," and he requests me to correct what he conceives to be important errors in relation to them in Thacher's and Coxe's Dispensatories. One great dif-

ficulty with the doctor, is a too rigid adherence to the vulgar or common name of these plants, which is always calculated to lead the inquirer astray, on account of being so extremely arbitrary and uncertain. It often happens that the same English or vulgar name refers to at least a dozen different plants, of opposite qualities. I find this to be constantly the case, while engaged, as I am now, in my leisure hours, in writing a Vegetable Materia Medica of this part of the country, in connection with other branches of the natural history of it, on a plan somewhat similar to that of the delightful work of White, on the Natural History of Selbourne. To show how extremely uncertain, and how little to be depended on, are the common or vulgar names of our plants, suffer me to mention a single example of the first plant which presents itself to my notice, the *euphorbia corollata*. It has at least the following vulgar names: blooming spurge, ipecacuanha, milkweed, picac, hippo, ipecac, persley, milk-purslain, white purseley, Indian physic, purge-root, emetic-root, bowman, apple-root, snakesmilk, peheca, &c. &c. So of the garden violet, and innumerable other plants. Their common names "lead to bewilder, and dazzle to blind."

The cranesbill, *geranium maculatum*, to which the Dr. refers, is sometimes called the crow-foot geranium; and this might have led Dr. Thacher to the error of calling it crow-foot. The true crow-foot is a *ranunculus*, a very different plant from the geranium. There is a great source of perplexity in relation to the cow-parsnip. The great majority of botanists agree in calling the *heracleum spondylium* the true cow-parsnip. A great number of the people, however, call this the masterwort, and say it has no relation to the cow-parsnip. I have always been accustomed to consider the *spondylium* the true cow-parsnip. My neighbors and many eminent physicians think entirely different, and neither of us can convince the other that they are wrong. I wish Dr. Bigelow, or some other eminent botanist, would settle the point in your Journal. I use the *heracleum* in many complaints with success, and think it a very valuable medicine. We have two other plants growing here, which are called cow-parsnip, and royal cow-parsnip. One is the wild parsnip; the other the *Smyrniium aurum*, Alexanders. I wish to be set right upon the subject.

I hope Dr. Partridge may be induced to give the details of his cases of epilepsy for your Journal. I will cheerfully act as his agent in the business. I now hasten to give you the Doctor's letter.

Deerfield, March 12th, 1838.

STEPHEN W. WILLIAMS.

DR. WILLIAMS.—Dear Sir: Mr. H. being here, induces me to write Nearly thirty years ago I thought that I must soon cease to practise physic, as we had two or three doctors come within our circle of practice; therefore I ceased buying books, and did not get the new Dispensatories, or rarely saw them, and then only for a few minutes. Lately have borrowed Thacher's and one of Coxe's Dispensatories, to amuse myself and see what is said of some new articles. Looking at cranesbill, a favorite astringent with me, I find that Dr. Thacher describes its use properly as a powerful astringent, but has made a terrible mistake in

saying that it is commonly called crow-foot. The cranesbill is a safe astringent medicine, but the crow-foot is a deleterious poison, blistering very readily, and dangerous to be used. It flowers, as he says, in the spring, and the flowers are yellow—but the cranesbill flowers through the summer, and the flowers are purple. His describing crow-foot for cranesbill increases the liability of its being mistaken, and endangering life, and it ought to be publicly corrected. Will you do it? Dr. Coxé says that cranesbill is improperly called crow-foot. Neither of them have crow-foot on their index.

I think I find another mistake in Dr. Thacher's Dispensatory. He says that Dr. Orne first brought cow-parsnip into notice for the cure of epilepsy, and then describes masterwort as the article Dr. Orne used. Is it probable that he did use the roots of masterwort, calling it cow-parsnip? Dr. Coxé has copied from Dr. Thacher. Neither of them have masterwort on their indexes. If the mistake is with them, and cow-parsnip was used by Dr. Orne, I have no desire to detract from Dr. Orne any merit due him if he used the cow-parsnip; but I can say that the seeds of cow-parsnip (the most effective part) effected a cure of the epilepsy in my father's family in the year 1759, and have ever been a sure medicine with me (but never a nostrum) ever since the year 1774, and used as a stomachic, antispasmodic, and especially to cure the epilepsy, under the age of puberty.

I have lately thought that it would not be presuming too much in me to give an account of what I know of the first use of this article, and of another of efficacy (never yet publicly noticed), together with some cases of their good effects, to the Medical Society, or get my friend Fowler to do it.

* * * * *

I am greatly favored by being yet able to wait upon myself (born April, 1751). I have eat milk night and morning ever since 1812, when despaired of and saved by a large ulcer being discharged by an opening between the ribs. Not so much of palsy but that the most of my scribbling is legible.

When I began this, I expected not to be interrupted, but it has been otherwise. Excuse it from your friend,

OLIVER PARTRIDGE.

Stockbridge, Feb. 24th, 1838.

MORAL INSANITY.

THE following remarks on this interesting subject are from Dr. Woodward's last annual report, and are well worthy the attention of every medical man.

"Moral insanity has, to this time, received very little attention in this country, although many decisions of our courts have been predicated upon it, because the evidence of insanity, displayed in all the conduct of the individuals arraigned before them, has been marked and unequivocal, though no delusion or hallucination has been proved. When an insane man is brought before the proper tribunal for committal to

this hospital, the question—whether the man is under the influence of a delusion of the senses or of the judgment—is not asked—but whether he is dangerous to be at large. With direct reference to this subject, I have examined the records of this hospital, and am satisfied, that at least one fourth of the cases of mania committed by the courts, belong strictly to the class of moral insanity. In practice, therefore, this class of insanity is recognized, although in theory it is not.

“Insanity is a physical disease. The operation of the feelings and passions depends upon the physical system no less than the understanding. By physical disease the understanding becomes affected. The senses often become false guides, the perceptions are mistaken, and the judgment becomes false and impaired. Is it not well known that the passions and propensities are even more affected by disease than the mental powers? Is it unphilosophical or irrational to suppose, that these faculties can be subject to such impairment, as to be beyond the control of the reasoning powers and the judgment? If not, then, when in that condition, they must render the individual irresponsible.

“It is rare that the paroxysm of excitement, with an insane man, is so great as to be beyond the power of control, if a motive sufficiently strong could be presented at the moment. This has often led me to remark, that no insane man is beyond the reach of a motive, if the motive is presented in the right time and the right manner.

“The case No. 8, in the report for 1836, is one that illustrates this view of the subject, as well as being a fair case of moral insanity. It was a long time before the influence used with this man could induce him even to wear clothes, or be an hour with a companion. Difficulties were constantly arising with him from the most trifling causes. Motives were frequently presented to him, in the kindest manner, which would greatly promote his comfort and happiness, but in vain; he could not control his feelings or passions. After a long time, he was persuaded to accept a highly advantageous offer; the motive proved sufficient for his self-control, and he now, for the first time, fulfilled his pledge. From a naked, raving maniac, he was soon transformed into a respectable mechanic, continued to perform all that was desired of him for a suitable time, and was discharged from the hospital. I lately received a letter from this man; he has labored constantly since he was discharged, and is now in all respects well.

“Case 2d. Another person, the subject of a cure not less remarkable, left the hospital in the autumn. The patient was a seaman; when on a voyage, he had received an abuse from his captain, for which he received one thousand dollars damages. By his friends, and by the court, he was considered insane when this outrage was committed. When in the hospital for a year, he was a most troublesome and dangerous man; his disposition to injure others, both attendants and inmates, was such, that we were compelled to confine him, much of the time, in a strong room. He would frequently converse rationally, and express deep regret that he was not able to command his temper. Some time in the summer, having committed a serious assault on his attendant, he had been confined for a length of time. On my visit to

him one morning, I said to him, 'I am now about to make you a new, and perhaps the last proposal for indulgence. I have taken your word many times, but you have violated your pledge; I make you this offer, because I believe it to be in your power to govern yourself better. I believe you can be useful to your friends, and a respectable member of society. I also wish to show you that we all feel deeply interested in your welfare and happiness.' He heard the proposal with deep interest, and with considerable feeling promised to conduct in all respects with propriety and decorum. He was admitted into the wing, and received every indulgence consistent with the rules of the hospital. For some days he conducted well. At this time I took a journey of a few days. On my return I found him in the strong room; he had had an outbreaking in my absence, and my assistant found it necessary to confine him. On my first visit to him, after my return, I said little to him. On the second, I expressed my regret at finding him again secluded, and said to him, as I was not present myself to see how well he could conduct under his new pledge, I would again permit him to go into the wing if he chose. He said, in a subdued tone, that he should be grateful to do so, and burst into a flood of tears. I then renewed my promise to him, and offered him every indulgence and every encouragement in my power. He was deeply affected, and assured me, in the most solemn manner, that he would never again abuse my confidence, but would effectually control himself. From this time he behaved with perfect propriety, labored regularly every day, and frequently quite alone. After some weeks he left the hospital, a very pleasant, grateful, and happy man.

"In these, and many similar cases, we could never discover any hallucination of the mind. In this form of insanity, moral means, rightly adapted, can accomplish much. The inculcation of self-respect and self-control, daily and constantly, will have its influence, and effect its object, if persevered in with a right spirit, after the confidence of the patient is gained.

"Besides this *disease* of the moral powers, there seems to be, in some cases, something like MORAL IDIOCY, or such an imbecile state of the moral faculties, from birth, as to make the individual irresponsible for his moral conduct. The persons to whom I allude have rarely much vigor of mind, although they are by no means idiots in understanding. Of the idiots that have come under my care, there have been some, whose minds are very imbecile, who seem to have considerably correct views of moral obligation, and whose moral powers are susceptible of culture. There are others, who, having much better powers of understanding, are capable of learning to read, and of understanding what they read, yet seem to have little or no moral sense.

"We have had both these forms of idiocy in the hospital. I have also been consulted in a number of similar cases abroad, and have seen a few young children, considered insane or idiotic, whose propensity to mischief was remarkable, and constituted the principal feature of disease."

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, MARCH 28, 1838.

LECTURES ON LITHOTOMY.

Two more lectures, by Dr. Stevens, of New York, belonging, we trust, to a long series of surgical observations which are to emanate from the same high authority, were received in Boston the past week. These treat expressly of *lithotomy*, and were delivered at the New York Hospital in the month of December last. In the first lecture the author commences by giving a paragraphic description of the several modes which have been practised for extracting stone from the bladder. Next, he speaks of the *lateral operation*. Then come the statistical results of the operation. Pouteau estimated the fatal results of operations for stone, at 1 in 40 ; Bichat, at 1 in 6, 8, and 9 ; Douglass, Cheselden, and Middleton, at 1 in 6 in the high operation, combined, says Dr. Stevens, with "incision in perinæo." Dr. Dudley, of Kentucky, has operated for the stone *one hundred and fifty-three times*, and only four cases proved unsuccessful. Without claiming to be the first, Dr. D. certainly takes the rank of the first lithotomist of the age. He uses Mr. Cline's single, flat-winged gorget, which cuts only on one side. Causes of death after the operation ; objections to the lateral operation, accompanied by illustrative cases, constitute an important part of the first lecture. Under the several divisions of—1st, the various modes of performing the lateral operation ; 2d, hemorrhage ; 3d, urinary infiltration ; and sinking in a bad constitution, is arranged the best part of the first discourse on lithotomy.

Dr. Stevens commences the second lecture by offering the profession a new instrument, for the bilateral section of the prostate gland, which in form resembles "a large olive, with a beak at the extremity, with cutting edges at the sides, parallel to its longest axis, and with a straight handle." A good idea of the shape of the knife, for such it really is, is gained from the lithographic picture in the first plate. Five plates are appended to these lectures, which are sufficiently plain to convey the author's views.

Dr. Stevens has had great experience, and the community entertain a profound respect for his various attainments ; if, therefore, he can find leisure for systematizing his thoughts, and can at the same time detail the results of various surgical operations performed by himself, and show the advantages and disadvantages resulting from any particular mode, or point out a new and more safe course of relieving the afflicted by the art chirurgical, he will be sure of a niche in that temple of fame appropriated to the benefactors of the human race.

 INFLUENCE OF MARRIAGE ON THE DURATION OF HUMAN LIFE.

THE London Lancet, for January 13th, contains some interesting calculations upon this subject. They are based upon three exact documents, made in different countries and at different periods, and which prove, in the most convincing manner, that notwithstanding the anxieties and

cares which are connected, in both sexes, with the married state, and notwithstanding the mysterious curse, originally pronounced against the fair and frailer part of creation, still weighs heavily upon it (causing one woman out of every 103 who bring forth a child to perish), yet marriage contributes very remarkably to lengthen the duration of human life. The first document is that of Odier, whose observations on the mean duration of life in females, were made during the years 1761 to 1813 inclusive. From his tables it appears that the difference of life between married and unmarried females is, on an average (calculating marriage to take place at five different periods between the age of 20 and 40), five years; or, to place the fact in a stronger light, a young woman at twenty, by marrying, adds nine years and a half to the probable duration of her life; a woman at 40 adds two and a sixth years.

Departieux's tables relate to both sexes, and comprise a total of 48,540 deaths, from 1715 to 1744. From these it appears that the number of married men who die after the age of 20 is nearly *one half* less than the number of bachelors who die at the same period; and for 43 married men or widowers who attain the age of 90, we find only 6 unmarried men reaching the same age. The number of single women who die after the age of 20, is about *four* times greater than that of married females or widows dying after the same period; and 14 unmarried women only arrive at the age of 90, for every 112 married women or widows who attain that age. These tables not only show a remarkable difference in the mortality of the two classes between the ages of 20 and 30, when other causes doubtless have much influence in producing the effect among the married (such as their better worldly condition at that age, &c.), but also at later periods of life; for they show that taking 100 married and unmarried individuals, the number of those who live beyond the age of 45 is greater by 36.8 in the former class than in the latter.

The tables composed by Biches, at Amsterdam, comprise a period of 12 years, from 1814 to 1826, and coincide in a remarkable manner with those already referred to—the only difference in result being in the circumstance that the mortality of married women during the period at which they commonly become mothers, is now less than it was a century ago.

The facts thus established, upon the authority of carefully-taken records in France, Switzerland, and Holland, confirm the fact that the fulfilment of a pleasing duty, on the part of both sexes, is calculated to add many years to the probable duration of human existence.

Opium-Eating.—The habit of eating opium, once begun, is hardly ever relinquished; once a *Theriaki*, always a *Theriaki*. Opium-eaters generally begin with doses of half a grain to two grains, and gradually increase the quantity till it amounts to two drachms and sometimes more, a day; they usually take the opium in pills, but avoid drinking any water after having swallowed them, as this is said to produce violent colic. To make it more palatable, it is sometimes mixed with syrups or thickened juices; but in this form it is less intoxicating and resembles mead; it is then taken with a spoon, or is dried in small cakes. The effect of the opium manifests itself one or two hours after it has been taken, and lasts for four or six hours, according to the dose taken and the idiosyncrasy of the subject. In persons accustomed to take it, it produces a

high degree of animation, which the *Theriaki* (opium-eaters) represent as the acme of happiness.

The habitual opium-eater is instantly recognized by his appearance. A total attenuation of body, a withered, yellow countenance, a lame gait, a bending of the spine, frequently to such a degree as to assume a circular form, and glossy, deep-sunken eyes, betray him at the first glance. The digestive organs are in the highest degree disturbed; the sufferer eats scarcely anything, and has hardly one evacuation in a week! his mental and bodily powers are destroyed—he is impotent. By degrees, as the habit becomes more confirmed, his strength continues decreasing, the craving for the stimulus becomes even greater, and to produce the desired effect, the dose must constantly be augmented. When the dose of two or three drachms a day no longer produces the beatific intoxication, so eagerly sought after, they mix the opium with corrosive sublimate, increasing the quantity, till it reaches to ten grains a day; it then acts as a stimulant.

After long indulgence, the opium-eater becomes subject to nervous or neuralgic pains, to which opium itself brings no relief. These people seldom attain the age of forty, if they have begun to use opium at an early age. The torments of the victim of opium, when deprived of this stimulant, are as dreadful as his bliss is complete when he has taken it. Those who do make the attempt to discontinue its use, usually mix it with wax, and daily diminishing the quantity of opium, the pill at last contains nothing but wax.

New Work on Medicine.—The venerable Joseph A. Gallup, M.D., formerly a professor of the Theory and Practice of Physic in a medical institution, but more extensively known, it is apprehended, as the author of a valuable treatise on Spotted Fever, has circulated a prospectus of a new work in two volumes, the price of which will be five dollars, on the Practice of Medicine. Owing to the unsettled pecuniary state of the times, it was thought to be the most prudent course to trust to the direct patronage of the profession. We cannot feel otherwise than solicitous for the success of the subscription list, which we hope will give good evidence of the interest felt in the progress of science by those who profess to be its special advocates.

Rhinoplastic Operation.—This operation has lately been performed in St. Bartholomew's Hospital, by Mr. Skey. The patient was a female, 20 years of age, in whom the whole cartilaginous part of the nose, the alæ, and the septum, together with the integuments, were destroyed by an eroding lupus, which had commenced in infancy, but had now mostly disappeared. The flap of skin for the new nose was taken from the forehead, and presented the form of an ace of clubs, the pedicle of which was about half an inch broad, and directed upwards, outwards, and to the right; its point extended to the back of the nose. It was turned over, placed in its new situation, and secured by common sutures; it had no sensation, and was, for the moment, as pale as white marble. No sutures were applied to the wound of the forehead, and the latter was only covered with lint. After the operation, cold fomentations were applied, and pledgets of lint were introduced into the nostrils. The nose soon became warm, and assumed a more natural color. The wound in the

forehead daily became smaller, and two months after the operation, the only remaining difficulty was that the septum was not united to the upper lip, though it turned so much inwards that not the slightest disfiguration is produced by it.

Anonymous Communications.—The Southern Medical and Surgical Journal, in the course of some critical remarks on a communication of our friend at Billerica (which was signed X. X., and inserted in the 16th No. of our last volume), speaks as follows of the omission of real signatures to articles in the Journal. The remarks are worthy of attention, and we hope will receive it.

“A fictitious signature, or an anonymous piece, has no responsibility, and is, therefore, entitled to less credit than even an avowed source not the most creditable. Modesty in such a case would be perfectly insufficient; and should this have prevailed to such an extent, it should have stopped to blush, on giving the account. But we cannot get over the idea that when the proper name is withheld in such cases, there is a fear that on investigation, the truth of the statement might be found questionable. This custom, which has ever beset the Boston Medical and Surgical Journal with misfortune, we have always regretted. We blame not the editor, because we recollect his labors some years ago for the correction of this evil—this very great error in his correspondents and contributors. For the good of science, we hope the practice of anonymous signatures will soon be banished, at least from all medical journals.”

Formation of a New Eyelid.—In the October number of the British and Foreign Medical Review, is an interesting description, with plates, of the formation of a new upper eyelid, supplied from the integuments of the temple, by Dr. Ammon, of Dresden, the editor of a Journal of Ophthalmology. It is the first account, on record, of this operation, which is very creditable to the talents and ingenuity of Dr. A.

Hydriodate of Potass.—In a patient who took the hydriodate of potass in excess (by his own direction), besides indigestion and severe headache, there occurred a peculiar state of his eyes. The pupils were dilated, and both the eyes were in a state of *incessant motion*. These motions strongly resembled those of a child who has congenital cataract, that is, constant oscillation. He found himself quite unable to fix them on any object. He also complained of constant headache. From these symptoms he slowly recovered. As to the hydriodate of potass, it is milder in its effects, less variable in its operation, and while it does not stimulate the nervous membrane of the intestines so much, it appears to exert less of that peculiar depressing influence occasionally witnessed after the exhibition of the tincture of iodine.

Simultaneous Vaccinations.—It is in contemplation, at the anniversary meeting of the Massachusetts Medical Society, in May, to recommend to the fellows, annually to commence, on a designated day, to vaccinate, in every town in the Commonwealth, *one month*, all the poor gratuitously.

Those who have been consulted in the matter, entertain the opinion that the project will meet with the cordial approbation of the members.

Fossil Remains.—A gentleman has shown us what is supposed to be the candal extremity of a Saurian reptile, accidentally discovered in blowing a rock on the farm of Mrs. Job Deane, in Raynham, Mass. Nineteen vertebræ, only, remain ; all the remainder, together with the skeleton, were presumed to have been broken into fragments by the explosion. If these interesting fragments had been noticed seasonably, and particularly by some one conversant with the history of such extraordinary memorials of the primitive world, the whole might have been reclaimed.

Medical Miscellany.—The introductory lecture at the opening of the session of the Medical College of South Carolina, by Thomas Y. Simons, M.D., is replete with good, plain, common-sense observations. Under the guidance of Dr. S. and his eminent coadjutors, the institution must go forward.—When the late Dr. Leitner was wounded and taken prisoner by the Florida Indians, they concluded to spare him on account of availing themselves of his future professional services, but a young savage who had lost a brother in the battle with Col. Taylor, seeing the doctor lying upon a blanket, shot him dead with a rifle.—Dr. Spooner, of New York, is the author of a treatise on the *art of manufacturing teeth*, which is thought to be useful for dentists. Also, the same writer has presented the profession with a treatise on surgical and mechanical dentistry.—Dr. Rolph, for whose apprehension the Canadian Government offered 500 pounds, has commenced the practice of medicine in the city of New York.—A child at Pompton Plains, N. J., two years old, a few days since, coughed up a pewter button, which had been lodged in the larynx (it was supposed) three months before.—One case of confluent small-pox has occurred, it is said, in the person of a student at Dartmouth College.—Dr. Early, of Galena, Illinois, was shot in a tavern quarrel, a few days ago. The wound is supposed to be mortal, although the sufferer was alive at the last accounts.—Mr. Barnett, the celebrated veterinary surgeon, has lately taken out an enormous wart, measuring nineteen inches in circumference and weighing three pounds and a half, from the abdomen of a valuable horse. In nine days the cure was complete.—Notice is taken in the English papers, of the success of Surgeon Franklin, in tying the femoral artery for the cure of popliteal aneurism.—The odious hospital tax on seamen, of twenty cents a month, which was suspended for one year, will be imposed again, according to law, in April.—Diseases of the lungs are prevailing quite extensively in the neighborhood of Boston.—Invalids are beginning to return north from tropical regions, where they have been passing the winter. There is great danger in arriving as far north as Boston, while the cold, damp, easterly winds prevail.—A case of a female with four mammæ and nipples has lately been presented in St. George's Hospital, London. Two were of the natural size and in the usual situation, and the other two, from which a milky fluid could be pressed, were about one sixth of the natural size, and situated near the anterior margins of the axilla.—An instance of reunion of the thumb, after a complete separation, excepting a small portion of integument, is related in the *Lancet*, as having occurred at the Westminster Hospital.

TO SUBSCRIBERS.—The following gentlemen are authorized to receive money due for the Boston Medical and Surgical Journal. Subscribers who are indebted, are requested to forward the amount due, either to the publisher or to one of these agents:—Mess. Duren & Thatcher, Bangor, Me.; Luke Howe, Esq. P. M. Jaffrey, N. H.; Israel Hinckley, Esq. P. M. Topsham, Vt.; Mr. Joseph Balch, jr. Providence, R. I.; Charles Hooker, M.D. New Haven, Ct.; T. O. H. Crowel, Esq. P. M. Catskill, N. Y.; S. Freeman, Esq. P. M. Williamstown, N. Y.; Mr. Charles S. Francis, bookseller, Broadway, New York; Mr. W. C. Little, bookseller, Albany, N. Y.; William A. Gillespie, M.D. Ellisville, Louisa County, Va.; Mr. L. Dwelle, Augusta, Ga.; S. Mayfield, M.D. Franklin, Tenn.; J. R. Bowers, Esq. P. M. York, Washtenaw Co. Mich.; Mess. Hedge & Lyman, Montreal, L. C.; Mr. Joseph Tardif, Quebec, L. C.; Mess. Carey & Hart, booksellers, Philadelphia, Pa.; Mr. Isaac N. Whiting, bookseller, Columbus, Ohio.

An unusually large number of subscribers are now in arrears. An early attention to the payment of their subscriptions will much oblige the publisher.

Those who receive the Journal through the agency of booksellers whose names are not given above, will of course pay them.—Subscribers at a distance, who cannot procure current \$3,00 bills, will be allowed a discount when larger ones are sent as advance payment.—Subscribers are always considered as continuing their subscription until special orders to the contrary are given.

ERRATUM.—On page 91, line 4, for *or faintness*, read *and faintness*. Page 92, line 17, for *and those formed*, read *from the sympathies towards those formed*.

Whole number of deaths in Boston, for the week ending March 24, 32. Males, 18—Females, 14.

Consumption, 7—throat distemper, 1—lung fever, 4—child-bed, 2—feebleness at birth, 2—apoplexy, 1—infantile, 1—dropsy on the brain, 1—marasmus, 3—poison, 1—brain fever, 1—pleurisy fever, 1—inflammation of the bowels, 1—inflammation of the lungs, 2—croup, 1—inflammation of the brain, 1—inflammation of the pericardium, 1.

CAPSULES OF COPAIBA.

M. A. Mothes, of Paris, has lately invented, and now offers to the medical faculty, a method of administering the Balsam of Copaiba without taste or smell.

The pure balsam is enclosed in capsules of gelatin, which completely cover its taste and flavor, so that they may be swallowed with as much ease as any nice confection. They each contain eighteen grains of the balsam, so that the dose can be measured with great ease; they dissolve readily in the stomach, and are sure not to pass off by the intestinal canal, as is almost always the case with the solidified copaiba. These capsules are highly commended by the medical journals of Paris, and M. Mothes has the favorable testimonials of Drs. Segalis, Rostan, Ricort, Desruelles, Cullerier; Baron Alibert, MM. Lisfranc & Marjolin, who daily prescribe them, and who, in their lectures, have given the highest praise to his preparation. They are neatly put up in oval paper boxes, containing thirty-six, and are sold in Boston by the importer's agent,

4t—M 28

THEODORE METCALF,

Apothecary, No. 33 Tremont Row.

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THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

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The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 18—tf

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[NO. 9.]

MERCURY.

FROM SIGMOND'S LECTURES ON THE MATERIA MEDICA.

No substance with which man has been furnished by the bountiful hand of Nature, has undergone more strict scrutiny than mercury. It has been investigated with the greatest ardor, and with the fondest expectation of obtaining from it the most unbounded sources of riches and of health. The earlier alchemists tormented this metal in the most absurd and ridiculous manner; it was the unceasing object of their examinations. Not only, according to them, was gold, and, indeed, every metal, formed from this principle, but it entered into the composition of all beings; it was one of the elements of Nature, and even intimately connected with the soul of man. The grand object of the adepts was the fixation of mercury; this was the *summum magnum* of all their labors. Extravagant, however, as were their follies, and the theories in which they indulged, we owe our knowledge of some of the most important facts in arts and in the sciences to their unwearied and indefatigable exertions. This beautiful and singularly endowed metal is now familiar to us in all its properties. The chemical physicians at an early period availed themselves of the knowledge which had been acquired, and, by a number of pharmaceutical preparations, have obtained from it a fresh source of power in the cure and alleviation of disease.

Previous to the researches of the Arabians, little appears to have been known of mercury. Dioscorides and Pliny both speak of it as well known in their time. Dioscorides, indeed, furnishes us with the method pursued of obtaining it by sublimation from cinnabar. It is the first mention we have of a process which ultimately led to that of distillation. Theophrastus speaks, too, of cinnabar; but their knowledge of it was very imperfect, and, though used externally in medicine, it was deemed a virulent poison, an opinion that Pliny entertained and promulgated.

The Arabians, who seem to have applied chemical preparations to the cure of disease before any other persons, were very inquisitive as to the properties of mercury. The learned Geber, the patriarch of chemistry, who lived during the eighth century, believed all metals compounds of mercury and silver, but this was not his own opinion, it is that which he says he derives from the ancients. Others of the Arabians believed that mercury formed the philosopher's stone, which secured man from disease, and gave him immortality. The Liber Trium

Verborum, which, with the book of investigation, and the will of Geber, and a work "De Congelatione et Conglutinatione Mineralium" of Avicenna, has been translated into Latin from the manuscript in the Vatican Library; from this and "De Perfectione Magisterii," we learn that they were, at that time, acquainted with many of the properties of mercury; that they knew how to form corrosive sublimate, and that some imperfect knowledge of its powers had been obtained. Geber describes the affinities of this metal for the other metals, and gives a formula for making the red oxide.

To Basil Valentine has been attributed the first employment of mercury, as well as antimony; but it was that great and extraordinary man, Paracelsus, who first taught physicians the use of chemical medicines and of chemical inquiries. He burst the fetters which enslaved medical men; he overthrew the throne on which an idol had been placed, and, in its stead, elevated the divinity which we now adore, as the emblem of truth. This great reformer, whom it has been the fashion for the lovers of antiquity to revile and to laugh at, and whose works they have not deigned to examine, first boldly recommended mercury, and, by the loudest encomiums, drew general attention to its powers; by the successful cures he effected by it, he overcame much of the prejudice against it, though singularly enough, even to this hour, there are many who entertain the most decided hostility against it, and who, almost without being aware of it, are using at this day the same arguments against one of the most valuable, most certain, and most efficacious remedies we possess, if properly administered, and raising the same objections, which the lovers of the Galenical prescriptions of the older schools formerly employed. Mercury, capable of being rendered an invaluable treasure in the science of medicine, has been, and again will be, the curse of the sick, if all that belongs to it is not thoroughly known. If the ardor that was evinced for it, as the element of the philosopher's stone, had been directed to as a cure for disease, man would not have undergone much of the misery he has had, from ignorance and credulity, to encounter.

Mercury, in its pure state, is always fluid, and from this circumstance, together with its likeness to silver, it has obtained different names expressive of these characteristics; hence the English word quicksilver, or living silver, and the Greek name hydrargyrum, or watery silver. It is the most brilliant and shining of the metals. Its divisibility has always been the subject of observation. Liebnecht, by striking a globule of mercury six lines in diameter, distributed it into such extremely minute globules, that by a microscope he could see one hundred million of them. It is of great weight, 200 being its proportional, and is at the same time very volatile. It was supposed capable of imparting its own characteristic properties to other metals. For a long time it was imagined that it could not be rendered solid by any degree of cold, and as late as the days of Boerhaave this was asserted in his "Elements of Chemistry;" it, however, was proved to be erroneous by Professor Braun, who, on the 14th of December, 1759, availing himself of an intense degree of natural cold, augmented it still further by fuming nitrous acid and pound-

ed ice. An account of a treatise in Latin, presented to the Royal Society by William Watson, M.D., is to be found in the "Philosophical Transactions," in the fifty-second volume, describing this process. It was at an extraordinary degree of cold below zero that the academicians broke the glass bulb of the thermometer, finding that the mercury was stationary; it was congealed, and formed a solid mass, possessing a certain degree of ductility. It was susceptible of being extended by the hammer; at each blow, however, the metal melted, and ran into globules, in consequence of the internal caloric becoming developed by the pressure. This result surprised the philosophers, who had generally imagined that the point of mercurial congelation must have been at least 500 degrees below the zero of Fahrenheit, and scarcely any one had ventured to imagine that it was one short of 100.

Mr. Thomas Hutchins performed a number of experiments, under the direction of the Royal Society, at Hudson's Bay, in the year 1783, by which it was ascertained that quicksilver freezes in a degree of cold not exceeding that which occurs in the Northern parts of Europe, and the point now generally stated is about 40 degrees below zero. On the 7th of February, 1799, my distinguished friend, Mr. Pepys, who retains the same love of science that marked his early career, assisted by some of his chemical friends, congealed fifty-six pounds of mercury into a solid mass by a mixture of muriate of lime and of uncompressed snow in equal weights. Owing to an accident this mass was broken; the larger portions remained some minutes unchanged before they melted, whilst some of the smaller fragments were capable of being twisted into various forms; but Mr. Pepys found much difficulty in handling them; and on laying hold of a large mass of the solid mercury he experienced a sensation very similar to that which a solid instrument inflicts, and compares it to that which is produced by a red-hot iron. He was not a little alarmed when, on examining the part of the hand which had been in contact with the metal, he found it quite white and apparently dead, and that it had lost all sensation. From this state, however, it very soon recovered. When a similar experiment took place at the Polytechnic School, in Paris, the mercury was enclosed in bulbs of thin glass, and when the congelation occurred, the individual who held the tube in his hand felt a concussion, a phenomenon which also happens when phosphorus becomes solid; a crystallization into very small octahedrons was the result, and this Pelletier placed in the hollow of his hand; he immediately experienced pain similar to that which a burn produces, and the skin exhibited a white spot, which afterwards became red, and so continued for several days. It is the singular property which mercury possesses of suddenly contracting, which is the cause of the shock that is felt. As this liquid metal does not attach itself to bodies that are wetted by water, by oil, or other liquids, the dryness of mercury has obtained much attention, but it is accounted for by the little attraction these bodies have for that substance.

Some of the characteristics of mercury are peculiarly striking. Thus, it always assumes the form of globules, perfectly round; hence its round surface was long a source of error in barometrical surveys, and which

was obviated by Cassebois. Its power as a conductor of caloric is very remarkable. If a red-hot iron be plunged into quicksilver, it instantaneously loses its redness, even much more quickly than when immersed in water. Its dilatation by caloric is so uniform, that we are enabled to ascertain, with the utmost precision, the force of heat, and hence are able to construct such perfect thermometers. Its volatility and extreme expansion by heat are such, that it bursts every obstacle. Two examples of this are related, one by Hellot, where a quantity was enclosed in a well-soldered globe of iron, which was thrown into a fire; but scarcely had it become red-hot when the mercury burst its receptacle with tremendous noise, and quickly flew out of sight. The other occurred in the house of the celebrated Geoffroy. An alchemist, who proposed to fix mercury, inclosed a quantity in a ball of iron, which he inclosed in several other similar spheres, each larger than the other; he secured them all by very strong hoops of iron, and then threw the whole body into a furnace; but after a short time the mercury burst through all these inclosures, and hurled the fragments of iron with such force that they penetrated the walls and partitions like bomb-shells. Another marked property of the metal is its phosphorescence. As the celebrated Picard was carrying home from the observatory, at Paris, during a very dark night, a barometer, he was struck with the luminous sparks that were emitted from it, owing to the shaking of the tube during the action of walking; but strange to relate, several barometers were tried, but none of them seemed to possess the same singular power, but one that belonged to the immortal Cassini. This was in 1675; the journals of the day noticed it; but it was forgotten until Bernouilli wrote a treatise, "*De Mercurio Lucenti in Vacuo*," and pointed out that luminous barometers might be formed. Leibnitz, Gravesande, and others, investigated the subject, and many ingenious applications were proposed, but the property was discovered not always to be constant; that it varied in hot and dry weather; and it is now believed to be an electrical phenomenon, produced by the friction of the metal against glass.

There are four well-ascertained ores of mercury; the first, native mercury; alloyed, or amalgamated mercury; the sulphuret of mercury, or cinnabar; and the red muriate of mercury; there are other ores which have not been generally acknowledged. You will find, in the British Museum, specimens of native mercury, as globules disseminated in cinnabar, and hydrarguret of silver, or native amalgam, in the second case; in the ninth, a suite of specimens of sulphuret of mercury, both the dark red and the bright red cinnabar. You will also observe there, hepatic mercurial ore, a mixture of cinnabar with bituminous and earthy particles; and, in the sixtieth case, the last to which I have alluded, the chloride, or muriate of mercury. These came from Almaden, in Spain, which is the oldest mine in Europe, and was worked by the Romans from Friuli, from the provinces of America, and from different parts of the globe. Mercury is very often brought into the market in an adulterated state. Lead and bismuth, though solid by themselves, have the power of wearing considerable fluidity when mixed; but the tarnished appearance, the dross and impurities on the surface, the black color with

which it soils the bodies with which it comes into contact, the imperfect roundness of the globules, the difficulty which they have of uniting when placed in contact with each other, are the criteria which indicate the impurity of the metal; besides which, there are various processes by which the chemist arrives at certain knowledge of the facts which it is the province of that science to detail to you. The means by which mercury is extracted from the bodies with which it is combined, are all founded upon distillation, but the processes are carried on in different ways, according to particular views. Antoine Jussieu has detailed that which is pursued at Almaden, in Spain, in the *Memoirs of the Academy of Science* for the year 1719. Sage has given a description of that which is employed in Bohemia; they are founded upon the same general principles, though they materially differ in the nature of the apparatus, the time required for the completion of the preparation, and the number of persons demanded to carry it into effect.

Antoine Jussieu, when he described the mines of Almaden, and the operations that were there performed in the year 1719, observed, that they did not emit any exhalation deleterious to vegetable life; that the neighborhood and the soil above the mines were fertile, that only the convicts employed in the interior suffered from any violent disease, and this he attributes to the mercury volatilized by the fires which are constantly burning. Exposure to the vapor issuing from this metal will speedily destroy life, or produce disease. Of this a most remarkable instance is detailed in an extract from a letter from Lisbon, dated the 12th of May, 1810, and is to be found in the sixth volume of the "*Edinburgh Medical and Surgical Journal*," and which, the year following, was the subject of some remarks in the "*London Medical and Physical Journal*." In April, of the year 1810, the *Triumph*, man-of-war, and the *Phipps*, schooner, saved from the wreck of a Spanish ship, off Cadiz, a large quantity of quicksilver. The *Triumph* took on board thirty tons, contained in leathern bags of fifty pounds each; these bags were picked up on the shore, and were saturated with sea-water; they were collected and stowed below in the bread-room after-hold, and store-rooms forward. In about a fortnight many of them decayed and burst, and the mercury escaped into the recesses of the ship; at this period bilge-water had collected, the stench of which was considerable, and the carpenter's mate, in the act of sounding the well, was nearly suffocated; the common effect of the escape of bilge-water is to change, from the escape of the gas, every metallic substance in the ship to a black color, but on this occasion every metal was coated with quicksilver; an alarming illness broke out amongst the crew, all of whom were more or less salivated. The surgeons, pursers, and three petty officers, who were nearest the place where it was stowed, felt the effects the most, their heads and tongues having swollen to an alarming degree. The *Triumph* was sent to Gibraltar to be cleared, and the people were placed in the hospital. The quantity on board the *Phipps* was not so great, but she was sent to Lisbon to be cleared by boring a hole in her bottom to allow the quicksilver to run out. Every rat, mouse, and cock-roach on board was destroyed, and the symptoms of a general salivation appeared in a

strong degree. Some attributed the effluvia to the bags having been acted upon by the sea-water, and Dr. George Pearson attempted to explain the phenomena, but not satisfactorily. Of the truth of the statement Dr. Baird and three surgeons bear sufficient testimony.

Of its effects upon miners we may likewise judge by a narrative that is given by Dr. John Wilkins, in the "*Philosophical Transactions*," in the year 1666, in which he describes the quicksilver mines at Friuli, in the Venetian territory; he says that, although none of the miners stay under ground above six hours, all of them die hectic or become paralytic. He saw there a man, who had not been in the mines for above a half a year before, so full of mercury, that on putting a piece of brass in his mouth, or rubbing it between his fingers, it immediately became white like silver, and precisely the same as if mercury had been rubbed upon it; and so paralytic was the unfortunate man that he could not, with both his hands, carry a glass half full of wine to his mouth without spilling it, though the doctor quaintly adds, he loved the wine too well to throw it away. It appears that both the shaking palsy and salivation are the consequences of the exposure to the vapor, or to the metal in its usual state, but that those who are liable to the one are not so to the other, but the same exposure may cause salivation in one individual and palsy in another. Of this Dr. Christison furnishes us with an illustration which he learnt from his friend, Mr. Hardinger, the mineralogist. A barometer-maker, and one of his men, were exposed one night, during sleep, to the vapors of mercury, from a pot on a stove in which a fire had been accidentally kindled; they were both most severely affected, the latter with salivation, which caused the loss of all his teeth, the former with shaking palsy, which lasted all his life. Dr. Falconer, of Bath, gives us an account of the effects produced by the application of this metal, in the form of a girdle worn round the waist, especially by females of the lower order for the cure of the itch, as being a cleaner proceeding, and more free from fœtor than ointments composed of sulphur. Many cases were admitted into the Bath Hospital, and the symptoms which were exhibited were a degree of general weakness approaching to palsy, great pain and tremor in the limbs, and often violent headache. It is worth remarking here that an instance lately occurred in the Bath Hospital, where all the symptoms that distinguish the poison of lead were observed, even the loss of tone in the muscles of the wrist, in consequence of the use of mercurial ointment for the cure of the itch.

Merat, in the appendix to his "*Treatise on Metallic Colic*," has described very admirably the "*tremblement metallique*;" and Dr. Bateman, in his history of the disease to which mirror-silverers are subject, has also painted it remarkably well. The attack is sometimes sudden, at others gradual; with unsteadiness and the shaking of the arms and limbs, which prevent walking, speaking, or masticating; for the tremors become frequent, nay, almost constant; every action is performed by starts; if the occupation which produced it be continued, sleeplessness, loss of memory, and death, terminate the scene; a peculiar brownish hue of the whole body, and dry skin, generally accompany the disease. In its first attack it may be taken for St. Vitus's dance, in its later stages

for delirium tremens. Wherever mercury is employed in the arts or manufactures, great attention is necessary to cleanliness, by which means all bad consequences may be avoided.

[To be continued.]

CURVATURE OF THE SPINE.

BY JOHN B. BROWN, M.D., OF BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

To John C. Warren, M.D., Professor of Anatomy and Surgery in Harvard University.

HAVING had some conversation with you upon the treatment of spinal affections, and knowing the lively interest you always take in the improvement of every branch of your profession, as well as from the high standing you occupy as a surgeon and physician, I am induced to address to you the following remarks. Having lost my eldest son (as you well know) by inflammation of the great spinal cord, and having now my second son confined to his bed by a lateral curvature of the spine, my attention has been forcibly drawn to the study and treatment of spinal diseases generally, and to the correction of other deformities of the human body, such as distortions of the limbs, club-feet, &c. &c., and I hope my exertions may not prove entirely useless to those who may be suffering under these complaints.

Spinal affections are, for some reason or other, daily increasing in this community. My impression is that the rigid discipline and the construction of the seats in our public schools are fruitful sources of curvature of the spine. I have had two young misses, in the same family, with this affection, brought on, as I am confident, by their sitting posture at school. I can point out to you ten or twelve masters and misses (mostly misses) in one school in this city, who have curvatures of the spine, produced, as I fully believe, by the bad construction of the seats, and the posture in which the regulations of the school compel them to sit four or five hours in succession. Imagine, for instance, a delicate young miss seated on a piece of plank, of a size a little larger than your two hands, and required to sit there four or five hours without any support to the back. The muscles of the back soon become tired, and she, to relieve them, inclines to one side or the other, and from some accidental circumstance she generally gets into the habit of inclining to one particular side, i. e. to the right or left. The spine, of course, acquires a curve in the opposite direction. One shoulder blade projects out, and one hip is more elevated than the other. Mothers, who are sharp-sighted, with regard to any defect in the symmetry of their children, and particularly of their daughters, are generally the first to observe their deformities. They are commonly not aware that these irregularities are caused by a distortion of the spine. If the spine is accurately examined at this time, it will generally be found nearly to represent the Italic letter S. If judicious applications are made at this early period of the disease, the body may almost universally be restored to its pristine shape

and symmetry, and the spine brought up to an erect position ; but if suffered to go on unattended to, the deformity becomes incurable, and produces much mortification and suffering to the unfortunate individual who may be the subject of it.

Another cause of curved spines, not unfrequent in our public schools, is the desks on which children write. The desks are frequently not adapted to the height of the pupil. Imagine, for instance, a young master or miss compelled to write two hours, per day, on a desk from four to six inches too high. The right shoulder must, necessarily, be elevated, the right shoulder blade thrown out, and the spine of course curved. What posture-master, if he wished to produce a permanent distortion of the spine, could adopt a more ready method of accomplishing his object, than this ?

It now, Sir, becomes proper to make some remarks on the mode of treating curvatures of the spine, after they have taken place. It was formerly the custom, particularly among machine makers, to load the unfortunate sufferer with irons, or brass encasements ; and some modern practitioners (very few, I believe), in this branch of surgery, have resumed this obsolete practice. They are called dressings. The first dressing consists of frames of iron, applied to the back and front of the body, and extending from the hips up above the shoulders. These frames are connected together by screws, and are so constructed as to press forcibly upon the most prominent parts of the body ; for instance, as it may be, the right shoulder and the left breast—the pressure being diagonal. These frames, as I have before said, are united by screws, or some other apparatus which renders them capable of being tightened to any degree, consistent with the endurance of the patient. These machines are suffered to be worn for some months, and daily drawn tighter, for the purpose, as it is said, of forcing the bones into place. After this process has been gone through, the body is incarcerated in a solid brass mould, adapted in some measure to the shape and size of the body which it is intended to envelope ; it extends from the hips to the arm pits, and is so constructed as to take a bearing upon the hips. This apparatus is made of solid brass, with folding doors in front, so as to admit the body, after which the doors are closed, and secured by strong fastenings, so constructed that they may be drawn tighter and tighter every day. The unfortunate sufferer is not permitted to take off this coat of mail, even at night, but is compelled to sleep in it, and this for months, and perhaps years. What is the result of this mode of treatment ? What must it necessarily be ? Perspiration is obstructed, circulation is impeded, the internal organs are compressed, the lungs have not room to play, the heart is embarrassed in its motions, the lower limbs swell, *consumption* and a chain of untoward symptoms follow in the train.

But suppose the internal organs are capable of sustaining themselves under this pressure, and that they are able to carry on their healthy action, and perform their natural functions, under all these impediments ; what will the effects of this mode of treatment be upon the muscles of the back—those muscles intended by nature for the support of the

fabric, to sustain the spine in its erect position, and to support the weight of the head and shoulders? These having been kept in a state of inaction, have lost the power of action. When the artificial supports are taken away, they are incapable of sustaining the weight of the body, and the spine sometimes curves to an alarming degree. I have some drawings, taken from nature (which you have undoubtedly seen), of curvatures of the spine which are appalling to the sight. I cannot but think that this method of treating distortions of the spine is injudicious, unphilosophical, and calculated to do much harm; and I am sustained in this opinion by very good authority.

The following quotations have a strong bearing upon this point. Dr. Portal, a very eminent French physician, in speaking of the strong, stiff stays in fashion at the time he wrote, says, "Those who use them are sure to become distorted, for the muscles of the spine have been so weakened by the want of use, that when the artificial props are removed, they are no longer capable of supporting the body." Van Swieten, the Dutch physician, whose name is illustrious in the annals of medicine, gives even a more distressing picture of the condition into which women may fall, who have been accustomed, from their infancy, to wear stiff stays. But the name *lorica* (coat of mail) by which he designates them, and his observations, would lead us to believe that the stays worn in his day were peculiarly stiff and strong. "Those who have been long accustomed to wear *lorica* can never lay them aside, for fear of the chest falling forwards in consequence of the weakened state of those muscles, which, when properly exercised, are not only capable of supporting the weight of the upper part of the body, but even of heavy burdens. Indeed I could not view but with pity, those who were so wretchedly reduced as not to dare to take off the stays even to go to sleep, much less to raise themselves, or to keep the body erect if brought into that position."

Mr. J. Shaw, who has published an able treatise on curvature of the spine, makes the following remarks. "We can conceive the bad effects that must have ensued from wearing such machines; indeed, the consequences are well described by an eminent author who wrote about sixty years ago. Some nations have fancied that nature did not give a good shape to the head, and thought it would be better to mould it into the form of a sugar loaf. The Chinese think a woman's foot much handsomer, if squeezed into one third part of its natural size. Some African nations have a like quarrel with the shape of the nose, which they think ought to be laid as flat as possible with the face. We laugh at the folly and are shocked at the cruelty of these barbarians, but think it a very clear case that the natural shape of a woman's body is not so elegant as we can make it by the confinement of stays. The common effect of this practice is obstruction in the lungs, from their not having sufficient room to play, which, besides tainting the breath, cuts off numbers of young women in the very bloom of life. But nature has shown her resentment of this practice, by rendering above half the women of fashion deformed, in some degree or other. Deformity is peculiar to the civilized part of mankind, and is almost always the work of his own

hands. The superior strength, just proportion, and agility of savages, are entirely the effects of their education, of their living mostly in the open air, and their limbs never having suffered any confinement."

The above quotations tend to show the bad effects of artificial supports applied to the human body in such a manner as to impede the free exercise of the muscles, and prove very decidedly the absurdity of the method I have above described of incarcerating the body in iron or brass for the purpose of correcting distortions of the spine—a method which, I am sorry to say, in this enlightened age is still practised by some, but I am happy to think very few.

My method, Sir, of treating curvatures of the spine, stoops, &c., may be comprised in a few words. My object is to give physical strength to the muscles generally, and particularly to those immediately connected with the defect I wish to remedy. Occasionally some artificial support is necessary, but I make use of none that at all interferes with the free use of the muscles. The inclined plane that I employ is so constructed that it extends the spine, and at the same time keeps the muscles of the back and loins in constant exercise. Shampooing, thumbing and friction are powerful auxiliaries in the treatment of spinal affections.

It is unnecessary to say to you, Sir, that in devoting a portion of my time to attending to spinal affections, I do not intend to neglect or be remiss in attending to the other duties of my profession.

I have the honor to be, yours, very respectfully, J. B. BROWN.

CASE OF HYPOPIUM FROM INJURY OF THE CORNEA.

BY EDWARD J. DAVENPORT, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

JOHN PEARCE, stone mason, æt. 30, applied at the Boston Eye Infirmary on Monday, 19th February, with an inflammation of the left eye, arising from a fragment of steel imbedded in the cornea since the Thursday previous, the removal of which had been attempted in vain by the means usually resorted to in such cases. At the time of this application there existed redness and tumefaction of the ocular conjunctiva, with considerable pain and lachrymation, aggravated upon exposure of the eye to light. The day following that upon which the accident occurred, he had severe pain, but now suffers less pain, but complains occasionally of distress from a sensation as of a foreign body in the eye, especially upon moving it about. The particle of steel was lodged in the cornea nearly opposite to the pupil, and appeared to be covered by a thin layer of lymph, which undoubtedly served, in some measure, to protect the part from the friction of the eyelids, and by this means to diminish the patient's sufferings. It seemed to have transixed or passed through the substance of the cornea; and owing to a superficial ulceration that had occurred around—a spontaneous effort of nature to effect its removal—it was situated in a pit or depression in the cornea. A nebulous opacity extended around this spot to some distance, but was most dense and white where the steel was in contact with the cornea. The iris (naturally of a blueish-grey

color) had assumed a slight greenish tinge, especially about the annulus minor; and the pupil showed a disposition to contract.

These circumstances, together with the existing inflammation and the minute size of the substance to be operated on, rendered its dislodgment extremely difficult; and after several ineffectual attempts with a fine cataract needle, the pointed extremity of a curette, &c., I directed the patient to make use of the proper means to subdue the inflammation, and afterwards to apply to the ulcer and foreign body, with a fine camel's hair pencil, a weak solution of muriatic acid in distilled water.* In four days he returned with a severe inflammation of the left eye, having neglected to make use of the depletory remedies recommended at the previous visit. The eye now presented the following appearances of grave disease, viz., vessels of the ocular conjunctiva and of the sclerotic tunic much injected; cornea, hazy and dull throughout nearly its whole extent; at the lower part of the anterior chamber, a considerable deposit of purulent matter, with a line of pus or lymph of a yellow color adhering to the posterior surface of the cornea, and extending from the point at which the steel had threatened to pass through the cornea, downwards to the bottom of the chamber; the iris had become of a distinct green color, and the pupil was contracted, irregular, and without motion—all of which clearly indicated that an inflammatory action had been set up in that membrane; the patient retained merely the perception of light, without the power of distinguishing objects; the pain was characteristic of internal inflammation of the eye, that is to say, it affected the brow and temple, and was aggravated at night or upon assuming the recumbent posture. There was thirst, with loss of appetite; pulse not affected. Upon looking for the speck of steel, the exciting cause of all this mischief, it was nowhere to be seen. Whether it had passed through the cornea into the anterior chamber—not an improbable supposition—or whether, loosened and detached from its situation by the ulcerative process, it had escaped externally, it was impossible to decide, nor was the question one of much practical importance. The critical condition of the eye, rendered necessary an immediate recourse to active measures. Accordingly a vein was opened in the arm, from which he was freely bled, and with manifest relief of the pain and uneasiness of the eye. Four hours afterwards, the pain having returned in some degree, cups were applied to the back of the neck, and blood was taken until absolute faintness occurred. The bloodletting was followed by an active dose of calomel and jalap and infusion of senna.

Friday, 23d. The pain has diminished, and the vascularity of the eye is somewhat less; in other respects the same. He was cupped from the temple to six or eight ounces, and was directed to take, night and morning, one of the following pills, viz.: *R.* Hydrargyri submuriatis, gr. xij.; opii pulveris, camphoræ, ãã gr. vj. *Misce:* in pil. No. vj. dividend. Fomentations of poppy leaves were frequently applied to the eye, and strict antiphlogistic diet and regimen, with rest in a dark room, were enjoined.

Saturday. The opacity of the cornea had disappeared, except in

* 10 drops of the acid to one ounce of water.

the vicinity of the ulcer. Upon looking obliquely into the anterior chamber, an effusion of lymph was visible in the pupil, or rather, between the pupil and cornea. Six leeches were applied to the temple, and he was directed calomel and opium every six hours, for the purpose of arresting the inflammation of the iris and of promoting the absorption of the effused matter. To prevent adhesions of the iris from taking place, the extract of stramonium was freely applied round the brows and on the upper eyelid.

Sunday. The patient reported himself free from pain. The vascularity of the eye had diminished much, and the purulent and lymphatic deposits were materially lessened. Continue treatment.

Monday. The pupil was well dilated by the stramonium, and exhibited great irregularity of the pupillary margin, with some adhesions to the capsule of the lens. The gums had become tender, and vision was rapidly improving. May continue the calomel and opium at longer intervals, with laxative medicine, if required.

Tuesday. Not a trace of the effusion in the pupil or anterior chamber can be discovered, and the patient has regained a clearness of vision, but little inferior to that of the sound eye. The ulcer of the cornea showing no disposition to cicatrise, it was touched with a saturated solution of nitrate of silver, and the patient was advised to continue, for a short time longer, moderate doses of calomel and the application of the extract of stramonium, and also to protect the eye by wearing over it a pasteboard shade. On Wednesday he returned home into the country, and soon after was able to resume his work.

March 20th. J. P., the subject of this communication, goes abroad with the eye uncovered, as before the accident occurred, a slight weakness, only, of the eye remaining when exposed to bright light. The iris has regained its natural mobility and color. The ulcer of the cornea now presents the appearance of a dimple or deep indentation with smooth round edges, and is nearly transparent. This offers some impediment to perfect vision in that eye, and causes some confusion when both eyes are applied at the same time upon minute objects. This condition of the cornea, however, does not seem to me to be remediable by any known treatment, but time and use or habit may make it less perceptible, and therefore less annoying to the patient.

March 28, 1838. No. 4 Winter Street.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 4, 1838.

EPILEPSY CURED BY TREPANNING.

On a morning visit, last week, to the Massachusetts General Hospital, we saw the Rev. E. W. Sewell, of Scituate, a patient of the institution, whose case is so remarkable that we intend hereafter to publish a com-

plete history of it from the beginning, with a view of placing on permanent medical record a most interesting triumph of surgical skill.

Without at all anticipating the details of the proposed report, suffice it to say, that owing to a diseased condition of the bones of the skull on the left and upper surface of the head, Mr. Sewell had not only been in constant pain, more or less, for twelve years, but he was subject to sudden and violent fits, as they are commonly denominated, which sometimes continued, without interruption, nearly two hours. Twice or three times, of late, he was thus instantly bereft of consciousness, and thrown into violent spasms, while officiating in the church of which he is the pastor. Under these circumstances, he came to Boston for advice. Dr. George Hayward, after examining into all the circumstances, was convinced that the only mode of relieving an obvious pressure on the brain, was to take out a portion of bone at the point which seemed to be the focus of disease. He accordingly trepanned the gentleman, taking out a button of bone about three quarters of an inch in diameter. Although the pain of the operation was intense, the patient did not utter a complaint, and on the instant of raising the bone from the brain, he said he had not been so perfectly free from pain in twelve years before. There has been no return of epilepsy; the wound is nearly healed; he feels well, looks well, and, to our apprehension, will soon return to his church and society in perfect health. The pulsations of the brain are now seen on his head, precisely as we notice them over the fontanelles of young children.

Owing to compression of the brain, its functions were interrupted, and the whole machinery of the body thrown at times into irregular spasmodic action, which was destructive to health, and was continually growing worse. To the ingenuity and science of Dr. Hayward, therefore, he owes his life; and the community will rejoice, with the sufferer and his friends, in the goodness of that Providence who has thus restored him to health and happiness.

MEDICINE IN FRANCE, ENGLAND, AND GERMANY.

MUCH as we have been instructed by the article in the American Medical Library, entitled, "*Observations on the Comparative State of Medicine in France, England, and Germany*," had it not been that the name of our old acquaintance, Edward G. Davis, M.D., was prefixed, as translator, perhaps the pages would not have been quite so thoroughly examined. The writer of the treatise is one Dr. Adolph Muehry, a surgeon of Hanover, who resided several months in Paris and London, subsequently journeyed through England to Dublin, and finally went to the North of Germany in 1835. He is no retailer of small ware—no chronicler of uninteresting daily events, but a sort of general surveyor of medical science in three great kingdoms. On this account, the book—for such it is, in fact, having been published by itself, since its appearance in the Library, making 126 pages, 8vo. with an index—becomes a valuable acquisition to the medical reader, and in a private library would frequently be consulted. Dr. Davis, formerly of Boston, has an admirable tact in expressing the ideas of foreigners, in pure English; and all his translations—for he is an uncommonly industrious, but unobtrusive laborer—have been characterized by a happy facility of expression. We are

really glad that he is appreciated by the literati of Philadelphia ; he is an indefatigable scholar and an honest man.

Medical Monopolies Abroad.—Nothing strikes the American reader of some of the London Journals with more surprise, that the eternal series of complaints which are made against medical abuses in England, Ireland and Scotland. Although the hue and cry was raised more than twenty years ago, against the monopolists, and parliamentary committees have been in session as long as the siege of Troy, things are still terribly at odds and ends, judging from the never-ending complaints of correspondents and the scarifying, blister-searching criticisms of editors into the doings of schools, colleges, and hospitals. Just so surely as a man rises to distinction, whether by merit, wealth, or family, unless he is fortified with an indomitable spirit of independence, a pack of hungry curs will seize him by the heels and never relinquish their hold till their persecuted victim drops the bone or dies. Those, therefore, who are able to resist the unjustifiable influences often set in array against them, and who secure a reputation worth possessing, may be regarded as men of a very superior order. A similar feeling of hostility to successful individuals, as well as public charitable institutions, is beginning to be manifested in the United States. We are continually receiving communications which show very clearly what alterations are pressingly needed to move the wheels according to the pretended wise will of the public. Still, on analysing these benevolent projects, we invariably discover, in the sequel, that the writer is a discontented, disappointed person, or an intriguing fault-finder, whose only hope of success is to dispossess some worthier individual, and in the turmoil and confusion which would result from a successful attack on a good reputation, spring into the saddle and escape with the courser.

Health Law.—A Committee of the Council of the State Medical Society, were recently heard by a Committee of the Legislature. The Hon. Mr. Hooker, of Springfield, was chairman. One of the objects, it will be recollected, on the part of the Society, is a repeal of that odious feature of the law, as it now stands, which imposes a fine upon physicians for not reporting a case of some kinds of disease, when, in fact, half the time, it is impossible to decide whether the malady is dangerous to the public health or not.

List of Accidents admitted into the Pennsylvania Hospital, from March 7th, to March 21st, 1838.—One incised wound of the lip, opening the coronary artery ; a single suture was applied, passing through the artery, and the wound healed in three days. One lacerated wound of the scalp. One wound of the eye, from a stone thrown by a blast of gunpowder ; the upper portion of the iris was torn from its adhesions ; severe inflammation followed ; V. S. twice, to fainting ; purging, a blister, and rigid diet—doing well. One contusion of the side, from a fall, discharged cured in seven days. One sprained ankle. One fractured clavicle, seven days after the injury, discharged in seven days, union perfectly formed. One bite of a dog in the hand : the part involved was cut out. One sprain of the wrist-joint. One lacerated wound of hand, with fracture of the fingers.—*Med. Examiner.*

Medical Miscellany.—The mortality of the city of Berlin, the capital of Prussia, last year, was 11,045, and the births 10,260. The number of illegitimate children born was 1,515, or 1 in 6.—A resurrectionist in Baltimore has been doing a large unprofitable business; he had collected several subjects, which the city authorities reburied.—Mons. Poyen is said to be in Hingham, lecturing on animal magnetism.—The cost of the intended State Lunatic Hospital of New York, is limited at \$60,000, which will not purchase the site and brick enough to enclose it.—It is related that a woman who died in Boston, a few days since, was in the daily habit of eating enormous quantities of cake chocolate—she is represented to have died of extreme obesity.—Dr. Elliotson, of the London University, says his course consists of about 150 lectures and 20 examinations. He cannot discover the necessity of a professorship of hygiene!—As usual, the English Poor Law Commissioners get most terribly treated in the *Lancet*. The whole difficulty seems to be this—the commissioners get more salary than their medical servants, who, therefore, make most dolorous lamentations.—Dr. Bradley, the missionary surgeon, at Bangkok, the capital of Siam, in speaking of pterygium at that place, says that four pterygia often appear at the same time in a single individual, one from each angle of the eyes, baffling all the skill of the native doctors.—So dreadfully has the smallpox prevailed among the Western Indians, that it is asserted that thirty thousand have been swept away by it since the early part of the last autumn.—Mr. Mellett, an Englishman, of Hayle, Cornwall, has made what he supposes an improvement in the key for tooth drawing, which has been familiarly known in New England, judging from his plate, more than forty years. Notwithstanding the multitudinous improvements in this instrument, they all require main strength to extract a tooth.—The Council of the British Medical Association, at one of their late meetings, discussed the propriety of establishing a *Medical and General Life and Fire Assurance Association*.—A committee of the Society was raised to communicate with a committee of the House of Lords on the subject of imprisonment for debt. Some of the doctors are opposed to the new scheme of non-imprisonment, fearing that they cannot get their fees if the prison does not lend its terrifying assistance.—We understand that a certain individual did not have a limb amputated, as stated in the *Journal* a few weeks ago. We were misinformed, and this correction is now made cheerfully.—From St. Louis, it is reported that the steamers *Gen. Collier* and *United States* had arrived from New Orleans with the smallpox raging on board among the emigrant German passengers. Several sick females had been landed on the passage up.—Dr. Erdmann relates a case in which the external lining membrane of a portion of the intestinal canal took upon it, and performed the functions of, the internal mucous membrane for several years.—According to Shall's experiments, the saliva contains a fixed alkali, and acts, almost universally, as an alkali upon test paper.—Dr. Schneider, while injecting the uterus of a woman, who died during the fifth month of pregnancy, found that the injection passed on into the veins of the placenta; he therefore ranges himself on the side of those who advocate the existence of a direct communication between the vessels of the uterus and the placenta.—Dr. Elliotson has reported a remarkable example of rumination in the human subject. In addition to this case, Prof. Valentin mentions a child, two years of age, who fell under his notice, and in whom this anomaly was extreme well marked, and had been also in its father.

TO CORRESPONDENTS.—The writer of the article on the *Avon Springs*, will oblige the editor by calling again, or sending his name.—Other communications are on hand.

DIED.—At his residence in Arlington, Vt., Dr. Abel Ayrsworth, aged 53.—At Morristown, N. J., Lewis Condict, M.D., 25.—At Trenton, Illinois, Dr. Henry Storrs, formerly of Newton, Mass., 31.—At Carmel, N. J., Dr. Elijah Adams, formerly of Litchfield, Ct., 65.

Whole number of deaths in Boston, for the week ending March 31, 37. Males, 19—Females, 18.

Consumption, 9—child-bed, 1—rheumatic fever, 1—dropsy on the brain, 2—lung fever, 2—worms, 1—apoplexy, 2—marasmus, 2—inflammation of the lungs, 3—disease of spine, 1—gangrene, 1—erysipelas, 1—fits, 1—throat distemper, 1—dropsy in the head, 2—scarlet fever, 1—stillborn, 2.

DR. LEWIS requests those who have books belonging to him, to return them immediately at his residence, No. 80 Boylston Street.

4t—A4

CAPSULES OF COPAIBA.

M. A. Mothes, of Paris, has lately invented, and now offers to the medical faculty, a method of administering the Balsam of Copaiba without taste or smell.

The pure balsam is enclosed in capsules of gelatin, which completely cover its taste and flavor, so that they may be swallowed with as much ease as any nice confection. They each contain eighteen grains of the balsam, so that the dose can be measured with great ease; they dissolve readily in the stomach, and are sure not to pass off by the intestinal canal, as is almost always the case with the solidified copaiba. These capsules are highly commended by the medical journals of Paris, and M. Mothes has the favorable testimonials of Drs. Segalis, Rostan, Ricort, Desruelles, Cullerier; Baron Alibert, MM. Lisfranc & Marjolin, who daily prescribe them, and who, in their lectures, have given the highest praise to his preparation. They are neatly put up in oval paper boxes, containing thirty-six, and are sold in Boston by the importer's agent,

THEODORE METCALF,

Apothecary, No. 33 Tremont Row.

4t—M 28

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

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THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week. Sufficient attention will be paid to Practical Anatomy.

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EPHRAIM BUCK, M.D.

ASA B. SNOW, M.D.

E. WALTER LEACH, M.D.

HENRY G. CLARK, M.D.

JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

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THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVIII.]

WEDNESDAY, APRIL 11, 1838.

[NO. 10.]

MERCURY.

FROM SIGMOND'S LECTURES ON THE MATERIA MEDICA.

[Continued from page 139.]

QUICKSILVER has been employed to some extent in this country in its crude state, as a remedial agent. It appears that in the days of Charles the Second it was much employed. Amongst the old writers, whose quaint and curious volumes serve to enliven the research into medical literature, are Dr. Daniel Turner's "Treatise on Diseases of the Skin, and the Ancient Physicians' Legacy impartially Surveyed." The doctor is one of those agreeable gossips who retail every anecdote that comes in their way. He discusses learnedly every subject. He is earnest upon every point, from the Arabian leprosy to the red nose of Queen Anne, that can be called cutaneous; and upon quicksilver he is more than usually facetious; he thus says—"In King Charles the Second's reign, I very well remember, though it is above fifty years past, a physician knighted by that prince, whose name I can sometimes recollect, though not at this moment, encouraged it much, who lived retired somewhere about Edmonton, and where the villagers round coming to consult him, especially on their children's diseases, he advised a thimbleful of quicksilver, to be given them every morning for a month; and when careful to observe them in their needings, they would oftentimes recover the same, which being washed served for the next dose." That this curious advice for obtaining again the quicksilver, after passing through the intestines, and again employing it, was not unusual, we learn from the tradition that has been handed down to us. The beauties of the court of King Charles the Second, used the crude mercury as an alterative; and it was common, morning and evening, to take a teaspoonful, to beautify the complexion, to remove a freckle, or to give a pearly lustre to the skin. It was not unusual, and I almost blush whilst I relate the fact, to find globules of quicksilver scattered about after a dance; and it is said that the sweepings of the withdrawing-room were amongst the profitable perquisites of the fair Abigails, who, the following morning, administered to the ladies the second-hand mercury thus collected, again to pass through the delicate frames of those celebrated beauties whom the pencil of Sir Peter Lely and the pen of Grammont have handed down to posterity.

My old friend Turner says, "I have heard a pleasant story of a mercurial lady, who, in dancing at a public assembly, happened to let go

some particles of the quicksilver she had taken in the morning, which shining on the floor, in the midst of so great an illumination, like so many brilliants, there were several stooping down to take them up, but finding themselves deceived, it afforded matter for much laughter among the gentlemen, and blushing among the ladies, especially she that was much concerned ; for the cry went through the room that some lady had scattered her diamonds."

There are many laughable tales of the rapidity with which quicksilver comes away after it has been swallowed, narrated by Daniel Turner ; for, in his day, Dr. Dover had attempted to introduce the practice of administering it in enormous doses. Mr. Bradley gives us the history of the case of an old gentleman who took an ounce of quicksilver for nine months, daily, without doing him either good or harm ; and that out of sixteen pounds he had taken in the whole, washing it from the *fæces*, when they weighed it, there wanted only one ounce and a half, which he thinks was lost in the washing. Dr. Turner, in his comments upon the case, observes—" that this old gentleman (for he was upwards of three score) must have been stronger in the sphincter than many much younger persons I have met with, some of whom acquaint me it comes away in spite of their teeth ;" and he then proceeds to give some laughable narratives. Crude quicksilver thus taken has produced salivation, ulceration of the gums, and likewise tremors, which, from the description given of them, resemble very much those I have already alluded to, as consequent upon the employment of the metal in any occupation of life.

The controversy between the admirers of Dr. Dover's practice, and his opponents, who stigmatized him as an impudent quack, was carried on with all that acrimony and venom which so frequently have disfigured medical writings ; and at last the public mind was satisfied that the frightful doses of this metal were destructive, but not before some tragical events had occurred. Dr. Dover had very strongly recommended mercury in a treatise which he wrote on fever. Amongst those who read his work was one of the most celebrated actors of this country, Barton Booth, who has left behind him a reputation of the highest class, as one of the most accomplished tragedians of his age ; he had just recovered from an intermittent fever, by the use of cinchona ; it had completely left him for ten or twelve days, but apprehensive of its return, he sent for Dr. Dover, who encouraged him to take the crude mercury, assuring him that it would not only prevent the return of his fever, but effectually cure him of all his complaints. On the following day, May 3d, he began the course, and by May the 8th, he had taken two pounds, except two ounces ; he then complained of pain in his head and bowels, a universal uneasiness of his body, so that he could not remain one moment in the same posture. The following day Sir Hans Sloane was called in, nine ounces of blood were taken from him ; purgatives and enemas were administered the two following days, but the bowels would not act, nor could the costiveness be in any way relieved, and in the course of the second day he died. It appeared that before the 8th about half a pound weight of the metal had been passed,

but after that day none had been discharged. The body was opened in the presence of Sir Hans Sloane; a gall-stone was found in the ductus choledochus, which choked up the passage, but the other parts were sound, until the lower intestines were examined. The rectum, which was so "rotten that it broke like tinder," and gave forth a most offensive cadaverous stench, with the other intestines, was ripped open with a pair of scissors; the whole track on the inside was lined with crude mercury divided in globules, about the bigness of pins' heads, and they were perfectly black. Mr. Booth had long labored under an obstinate jaundice, for which he had tried many remedies; and rhubarb, of which he daily chewed about three drachms, and which procured him eighteen or twenty stools a day, had afforded him great relief; but this attack, together with an intermittent fever, had come on about a month before his death. The termination of this case made a great impression on the public mind, and banished from general practice such an abuse of what is a valuable remedy if well administered.

In all the forms in which mercury is exhibited, it requires care and caution; but where it is combined with the powerful acids, as is the case in corrosive sublimate and calomel, it becomes a most dangerous tool in the hands of the ignorant or half-educated man. Pills, containing simple metallic mercury, have been long employed, and, properly managed, a mild and gently active medicine is the result. Our old Pharmacopœias contain various recipes for the pilulæ mercuriales; they consisted of crude quicksilver made into pills, with honey, crumb of bread, and other simple ingredients. The College has adopted confection of red roses and liquorice; the weak acid that is in the confection may cause an oxidation of the mineral; but altogether the preparation is a valuable one. Two drachms of the mercury are triturated with three drachms of the confection, until the globules of quicksilver have disappeared, and then a drachm of powdered liquorice is added, and the whole mass is beaten until a complete incorporation takes place. Minute division of the mineral is thus effected, and one grain of mercury is contained in three of the mass. It sometimes happens that sulphuric acid has been added to the conserve of roses to increase its color, and hence the pill has contained some portion of the deleterious sulphate of mercury. This pill has been long much celebrated under the name of blue pill, and is one of the most popular remedies of the day, in the dose of four or five grains. Its high estimation it chiefly owes to the work of the late Mr. Abernethy, entitled, "Surgical Observations on the Constitutional Origin and Treatment of Local Diseases," and likewise to the practice which he pursued, and the precepts he inculcated amongst a large proportion of the students of medicine, who are now in the full zenith of their honorable career. I must, therefore, dwell for a short time upon the opinions of an individual upon points which are intimately connected with the subject of our present examination.

Few individuals who have adorned our profession, possessed a more clear and accurate knowledge of the principles of our science than Mr. Abernethy, and no one ever explained them with greater simplicity, or with less of the entanglement of barbarous and uncouth names; he was,

to the highest degree, plain, and, therefore, thoroughly intelligible. He had none of the deep learning and research of his two cotemporaries, Dr. Young and Dr. Mason Good, but he was infinitely their superior in the explanation of his views, for he did not, as they have done, encumber his writings with the hard and unintelligible phrases of the Greeks, nor did he attempt to establish systems founded upon artificial arrangements. He watched the powers of Nature, he recalled the surgeon to the path of physic, he showed to him the effect of local disorders upon the constitution, and the reciprocal operation of constitutional disorders upon local diseases; he pointed out that the digestive organs may be affected by local disorder, and that upon the due function of these organs the health of man mainly depends. His object was "to excite, by means of medicine, a more copious and healthy secretion." The passages beginning from the sixty-fifth page of the third edition, commencing, "It is a principal object of medicine to give strength and tranquillity to the system at large," to the passages in which he enters upon the utility of mercury, contain golden precepts, which, as in the days of antiquity, should be engraved on a tablet and suspended in the Temple of Health, for every man to read, remember and obey. They form a code for individual well-being, and that the author should triumphantly bid those who sought from his dispensations relief from their sufferings, to read them, was sufficient evidence that they were the result of mature reflection, of honest conviction, and of thorough reliance upon the soundness of the views which time and practice had not changed.

It was a singular circumstance that whilst this good and amiable man was occupied in inculcating the necessity of strict attention to the digestive organs, and to their excretions, another highly practical man was employed upon the same object; and that from the infirmary of Edinburgh Dr. Hamilton was teaching how valuable, in the treatment of disease, was alvine evacuation. Whilst, however, this distinguished physician was instructing that this should be done with energy and quickness, in the acute diseases we are called upon to treat, the cautious and sagacious surgeon was employed in demonstrating it should be effected, in local and in chronic diseases, by slower and more gradual operations. The combined views of these enlightened men have tended to improve the treatment of disorders, and have given hints for the preservation of health and the prolongation of life. To the knowledge of the necessity of great attention to the excretions, may chiefly be attributed the increased longevity of man, and his freedom from many of the diseases of former days.

Mr. Abernethy's mode of pursuing his mercurial course was cautious and regular. He prescribed only small doses, taking care that the error so often fallen into, of increasing the quantity, when any benefit was perceptible, should be avoided. Nothing can be more injudicious than the augmentation of the quantity of this medicine without sufficient reason. In small doses the biliary secretion is corrected, and the digestive organs are placed in a healthier condition; larger quantities exert an influence on the whole constitution, and alter the state of the nervous system; thus controlling disease dependent upon an irritable and dis-

turbed state of the nervous function ; but, in still larger quantities, it never fails to irritate and weaken the system, and thus to derange the digestive organs. Five grains of blue pill, taken at night, will not irritate the bowels, but, generally speaking, three are sufficient, and may be continued for some days ; occasionally the mouth becomes affected, with a very few nights' repetition of the dose, but this often depends upon the badness of the blue pill, for a very small quantity of sulphuric acid, in the conserve of the roses, will materially affect the preparation, and produce very bad consequences. It happens that whilst the secretions from the liver are materially improved, as the excretions testify, dyspeptic symptoms supervene ; in such cases the blue pill is to be discontinued, and again had recourse to at a future time. Calomel, in a very small quantity, will often be the source of high irritation, where blue pill is indicated, but, as I shall have occasion to state to you, the powers of calomel, when properly administered, are essentially necessary to be trusted to.

The functions of the skin are often impaired in consequence of disordered state of the digestive system, and these are restored to their wonted state by this remedy ; the operations of the mind are enfeebled from similar causes ; hence hypochondriasis, disorders of the nervous system, and hysteria, are controllable by the same means. Enlargement of the absorbent glands, malignant tumors, and ulcerated sores, are relieved and cured, when they are connected with such disorders of the digestive organs as are remedied by the therapeutic agent which I have considered. Every system of practice is not only likely to be too much extolled, but it is also liable to be followed with too sanguine expectations, and to be pushed to a greater extent than the original founder intended, and doubtless this has been the case with the blue pill. It is capable of producing much mischief ; its abuse is as formidable a cause of disease as its proper employment is certain of being a source of health. It is not any one plan, or any one particular remedy that can be relied on, in all the complicated maladies of our nature ; but there are unerring principles which are to guide us in our practice ; there are certain effects produced upon the human economy by certain agents, and a knowledge of the influence of each must teach us not to circumscribe our list of remedies, nor to place undue reliance upon any drug, however powerful it may prove. From want of such a reflection the blue pill has been too often indiscriminately employed, and has become the source of mischief, as I shall have occasion to state to you.

[To be continued.]

CASE OF CROUP.

[REFERENCE was made in the Journal, a few weeks since, to a dissertation on Croup, by Dr. J. H. Wright, of Springfield. The following case is copied from it, and will illustrate the author's plan of treatment in this disease.]

October 6th, 1836. I was called to visit a robust and ruddy child two years and a half old, with the symptoms of the advanced stage of

croup. I learned that the child had for some weeks been the subject of a common cold. Nine days ago the cough became hard and ringing—the respiration sibilous. To these were added constitutional symptoms—flushed cheeks—harsh and dry skin—the heat was and had been variable, but always above the temperature of health. The disease from its access had been modified by the judicious management of the parents. Mild emetics and purges had been given, and various domestic remedies employed both externally and internally. There was not much alarm until two days ago—the seventh since croupy symptoms were manifested. On the evening of the eighth day all the symptoms had become so urgent that a neighboring practitioner was called in, who, apprehending the formation of membrane, pronounced it too late to bleed. He gave a powerful emetic, which procured free vomiting of a thick, glairy fluid. The parents thought that fine shreds and patches were also dislodged.

When I saw the child, on the morning of the ninth day, a partial remission had taken place—I did not make any minutes of the symptoms at the time. The characteristic respiration, cough, and voice of croup were present. The paroxysms returned by afternoon. The patient was then in great distress from the difficulty in respiration and the constant suffocating cough. The face was deeply suffused—plum colored. The eyes watery. Patches and shreds of whitish membrane were expectorated or rejected by vomiting. The pulse was hard and frequent—the heat of the skin not much above natural.

I opened the jugular vein and bled to approaching syncope. As the ingesta had been thoroughly evacuated I directed once in four hours the following powder: Sub. mur. hyd., grs. ii.; P. ipecac., grs. ii. Half ounce of castor oil in the intervals until evacuations of the bowels were procured. If the stomach perseveringly rejected the oil, or if a movement of the bowels was long delayed, a mild but full injection was to be administered. An embrocation to the throat of equal parts of table oil, camphor spirit and laudanum. To be applied warm, and warmth preserved by a cravat of cotton batting. Blister to the spine from the fifth cervical to the last dorsal vertebra. Stimulating applications to the feet. An equable diffusion of warmth by warm and dry flannels, &c.

Before I left the patient, the more urgent symptoms had been relieved.

10th. Vomiting of glairy matters followed the exhibition of each powder. No well-marked paroxysm had occurred since the bleeding yesterday. The heat had somewhat increased; the pulse was more full and free. Bowels had not been opened.

The same means to be continued. Injection to be repeated if necessary to procure evacuations before noon.

11th. The child is better, though there have been several paroxysms. The tongue has somewhat improved. Cough and breathing less difficult. The countenance has lost much of its purple hue. The face is flushed. The heat higher than it was at first. Pulse about the same as yesterday. The stomach and bowels have been several times evacuated since yesterday morning. Shreds of membrane have been expectorated. Directed 1-12th of a grain of tart. antimony in solution to be given once

in six hours, alternating with the powders of ipecac and calomel. Castor oil to be continued once in six hours, a few drops of oil of turpentine to be added to the dose of oil.

12th. Improvement in all the symptoms since yesterday. In connection with the opiated embrocation a mild mercurial ointment was directed to be applied to the throat thrice daily.

The amendment subsequently was gradual and progressive. The paroxysms were less frequent and less severe, generally terminating by the expectoration of a patch of membrane. The bowels were more obedient and the secretions natural. After the general excitement had somewhat declined, the continuance of the cough and a degree of general irritability seemed to call for the use of opium internally. I have found, in other cases, that a degree of irritability often supervened on the acute disease, even when we were so fortunate as to prevent the formation of membrane. Some would perhaps attribute this to disproportionate general bleedings. Yet this would not constitute a valid argument against bold measures, for they are incomparably the safest. In this stage and form of the disease we must place our entire reliance on antispasmodics.*

Though this state of irritability is attended with very much the same local symptoms as inflammation, the constitutional symptoms will in this stage serve to distinguish it, and point out the appropriate plan of treatment. The pulse and the heat of the skin indicate debility rather than excitement. The tongue is sometimes of a deep scarlet color. It would be a fatal mistake to resort to depletion under these circumstances; without doubt the croupy cough and difficult respiration are often enhanced by the untimely repetition of venesection. We might adduce cases from our own observation and that of others in support of this opinion. Perhaps in no disease do the symptoms which denote inflammation and irritation so completely simulate each other, as in this. The reason is obvious. The local symptoms in either case depend on the same cause—the spasmodic affection of the larynx.

It occasionally happens that depletion is promptly and copiously employed early in the disease and even twice repeated. Yet the physician is perplexed at the obstinacy of the symptoms, which are rather aggravated than abated. There are no appearances of the formation of membrane, but the cough continues shrill and ringing, and the respiration irregular. The exacerbations are frequent and irregular. In such a case we would discriminate carefully between irritability and inflammation.

ALLEGED ERRORS IN THACHER'S DISPENSATORY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—On the perusal of the Medical and Surgical Journal for March 23, my attention was arrested by a letter from Dr. S. W. Wil-

* The opium may be advantageously combined, in the form of a tincture, with the antimonial solution. The antimony, by making an impression, seems to prepare the way for the opium and to give a permanency to its effects. Thus through the aid of the antimony, smaller and less frequent doses of opium may be made to answer the purpose.

liams, accompanied by one from the venerable Dr. O. Partridge, relative to errors in my Dispensatory. It seems that they were committed many years ago, when the distinctive terms of our indigenous plants were less regarded than at the present improved period; and the gentlemen, above referred to, must have restricted their knowledge to the earlier editions of the New Dispensatory—for in the 4th edition no mention is made of crow-foot (the article complained of), and the *geranium maculatum* there appears in its genuine botanical terms according to Dr. Bigelow.

With respect to the cow-parsnip, the phraseology applied appears to be erroneous in part, through the fault of Dr. Orn or myself. Dr. Williams expresses a wish that Dr. Bigelow, or some other eminent botanist, would settle the point in your Journal; but the fact is, that Dr. Bigelow, in his excellent treatise on the Plants of Boston and its Vicinity, has decided that point, and terms it *heracleum lanatum* (cow-parsnip), and gives a particular description of it in botanical terms.

Since my recollection, our indigenous plants were chiefly known by their trivial names, little regard being had to synonyms; and, indeed, they were so seldom brought into use that technicals were scarcely deemed requisite. I hope it is not reserved for our worthy veteran, Dr. Partridge, to detect more errors of my sinning that have not been atoned for.

I am, most respectfully, your obt. servt. JAMES THACHER.

Plymouth, March 31, 1838.

A BONY SUBSTANCE FOUND IN THE HEART.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following singular appearance was discovered, the other day, on making the post-mortem examination of the body of a soldier of the Royal Quebec Volunteers—a tall, muscular man, of intemperate habits, who died of acute pneumonia after nine days' illness, aged 31. The immediate cause of death was found to be extensive inflammation of the middle and posterior lobes of the right lung.

On opening the pericardium the heart was found in a state of hypertrophy. At the apex of the left ventricle was discovered a *bony substance firmly impacted in the muscular structure, and resembling, in shape and size, an os hyoides*. No ossification or hardness was met with in the mitral or semilunar valves, or in any other part of the heart. All the cavities contained polypi or coagula adhering to the columnæ carneæ, and extending into the great vessels. Great irregularity, with occasional intermission of the pulse, had been remarked during the illness of the deceased.

I find that Dr. Baillie, in his work on morbid anatomy, states that "a portion of the heart has been observed to be converted into bone.—*Morgagni Epist.* xxvii. art. 6. Earthy matter has also been found deposited in the muscular substance of the heart.—*Bounetus*, tom. i., p. 820. Neither of these appearances has come under my own observation,

and they are to be both looked upon as very uncommon."—*Baillie*, by *Wardrop*, Vol. II., p. 39—Lon. Ed.

Respectfully yours,

Quebec, March 21st, 1838.

GEO. M. DOUGLAS, M.D.

Assist. Surgeon R. Q. V.

DEATH BY STEAM.

[A CORRESPONDENT in Maine, whose name and residence are known to the editor, furnishes the following case, which needs no comments from us.]

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having had the privilege of reading a few numbers of your Journal, and seeing that it is your object to correct and enlighten public opinion upon subjects connected with medical science, I consider it my duty to transmit to you the following article, and thereby lay before the public a case that took place a few days since, and ended fatally with the patient, who was then under the management of one among the many deluded followers of Thomson. The patient, with whom I was acquainted, and who lived in the town of P., had been confined in child-bed about three weeks previous to the operation which caused her death, but had so nearly recovered that she went from room to room, and eat with the family. The only difficulty, and one which I believe is nothing uncommon in such cases, was that she had rather a poor appetite, and was at times troubled with costiveness. Taking alarm at this, some of her friends, whose opinions she had always regarded, advised her to adopt the Thomsonian method of treatment, and to submit to the operation of taking a "patent sweat." She consented, believing, no doubt, that it would be for her good. They accordingly sent for a woman, who makes pretensions of having great success in such cases, to carry her through the operation. She began, as usual, by administering internal and external stimulants, gradually increasing the heat of the patient, till she was in the most severe distress; and notwithstanding her groans, which could be heard in the road, they blindly persisted till she breathed her last. A few moments before she died, the regularly-attending physician called at the house, expecting to find her comfortable, and doing well, as when he last saw her; but when he entered the room (which, by the way, he was not allowed to do till her attendants saw that she had gone) there he beheld her, a *lifeless corpse*. He did everything in his power to restore her to life, but it was too late. The body was so heated that the hand could scarcely be borne upon it, a few moments after death.

This case, which I have imperfectly, though correctly, stated, took place in my own town; the woman was one of the highest respectability, and strongly endeared to her friends, who now have to lament and mourn over her sudden and most deplorable death. Not the least shadow of doubt is entertained as to the cause of her death; it is acknowledged by the friends as well as the foes of this method of treat-

ment, that she died in consequence of the operation—in fact she died before they had completed the process.

And now, in reflecting upon this melancholy accident, which, from the fact that it took place within my own knowledge, has particularly awakened my feelings, I cannot but be filled with astonishment, that in this enlightened age any one can be so deluded. But such is the case, and many there are who suffer themselves to be blinded and duped by the boasting and absurd pretensions of modern quackery. But such ignorance and absurdity cannot long conceal itself; and we may hope and believe the day is not far distant when *this* system, which originated in ignorance and which is disseminated generally among the ignorant, will be buried deep and forever, and the true principles, those that have been the result of labor, investigation, and research, will be adopted and maintained by every individual.

L. D'M. S.

ABSENCE OF THE MEATUS AUDITORIUS EXTERNUS OF BOTH EARS.

FROM PROF. MUSSEY'S CASES AND OBSERVATIONS.

THE left auricle of the patient was smaller than the average size, and its several ridges and pits were not quite fully developed. The right auricle was scarcely half as large as the other, and was very imperfect in its form. In neither of them was there a vestige of an opening or passage of the external ear. There was not even a decided indentation, corresponding with the entrance of the ordinary orifice, of the meatus externus, but the whole was sealed up, and made smooth and firm by the common integument. From the best examination that could be made, it was concluded that there was nothing probably like an occult canal between the integuments and tympanum. The sense of hearing was too obtuse for low conversation, and yet it was sufficiently good to enable the patient to prosecute his business (that of a bookseller) without material inconvenience. The ears and the power of hearing had been in the same state since the earliest recollection of the patient, and, according to the assurances of his parents, from the first period of infancy. From several experiments made in this case, it appeared that an open or shut mouth and nose had no influence whatever upon the power of hearing. He could hear with equal readiness when the lips and nose were closed and pressed together by the fingers of assistants, as when both were wide open. A bent probe was attempted to be passed into the eustachian tube; but although its extremity was arrested, as by a pit or fossa, it could not be passed as usual up towards the internal ear. It seemed probable that the eustachian tube, if its guttural orifice existed, had no communication with the cavity of the tympanum, from no improvement taking place when the mouth and nose remained open.

The hearing was equally good upon the right and left side of the head, and a sound coming from behind was quite as readily appreciated as one coming from a position in front or on either side. The head being cov-

ered with successive layers of cloth, the hearing was found to be decidedly obscured by the application of a single layer, and by each of the others in proportion. A few layers only were sufficient to deafen him to almost the loudest articulations which could be made. Covering the face, with the ears exposed, evidently obscured the hearing, with the mouth and nose opened or closed. But covering the hairy scalp, except a small portion at the anterior and upper part, leaving the face and ears bare, depressed the hearing in a marked degree. The sound of the voice being conveyed through a stick held in the mouth, the opposite end of which was applied, in succession, to different parts of the head and face, it was found that the part over the mastoid process conducted sound the most readily.

It is evident that in this case the integuments of the face and scalp are capable of receiving acoustic impressions, from atmospheric waves or vibrations, and transmitting them to the nervous apparatus of hearing. Through what nerves (distributed upon these parts) is this function accomplished? Mr. Swan (in the eleventh volume of the London Medico-Chirurgical Society's Transactions for 1820) suggests that the facial nerve, or portio dura, may assume the vicarious offices of audition, taking the office of the auditory nerve. In the present case, however, the distribution of the facial nerve cannot explain the quick susceptibility of nearly the whole scalp to auditory impressions. It can hardly admit of a doubt that those nerves derived from the spinal cord below the occipital hole, and reflected in profusion upon the scalp, are concerned in this uncommon function; while the branches of the fifth pair are probably the seat of the peculiar faculty on the face.

Query,—Can any practical benefit be obtained by eliciting this supposed vicarious and dormant energy of the nerves of the face and scalp, and turning it to good account in cases of deafness connected with casual disease of the external meatus or tympanum? The subject presents points of interest, which it is to be hoped will excite further inquiry and attention.—*Amer. Jour. Med. Sciences.*

STATISTICS OF THE CLINICAL HOSPITAL OF MIDWIFERY AT THE UNIVERSITY OF BERLIN.

THE number of cases which occurred between the 1st of October 1829, and the 31st of December, 1835, was 2656. Of these births 2035 were single; 21 were twin births; so that the number of children born was 2077. The number of children born before the full period of gestation was 32, and the sexes were distributed in the following proportions: Males, 1061; females, 1000; sex undetermined, 16. Of the mothers, 38 died in child-bed. 1913 children were born alive; 132 were born dead, and of the former 92 died within the first three weeks of their existence.

It is a remarkable fact that of the children born in the hospital, only 1 in 30 were born dead; while of those born of mothers, treated by the pupils in their own houses, not less than 1 in 9 were born dead; a proof

of the beneficial influence produced by prompt and efficient medical assistance, &c.

Presentations.—Regular presentation of the vertex, 1911; face presentations, 18; presentation of the forehead, 5; buttocks, 47; knees, 2; feet, 2; irregular presentations, 54.

The labor was perfectly natural in 1711 cases; the forceps was employed in 178; extraction of the fœtus in 55. In 4 cases irregular presentations of the child were very considerably improved by external manipulations, and by placing the mother in a commodious posture. In 57 cases turning by the feet, with or without extraction, was had recourse to; and in 5 cases premature labor was brought on by art. Perforation of the head was performed in 6 cases; embryotomy in 2. The Cæsarean operation, before death, in 1 case; after death in 2. Artificial extraction of the placenta was performed in 47 cases. In 57 artificial rupture of the membranes was thought necessary; and, finally, in three cases, abnormal conformation of the external parts rendered it necessary to divide the labia.

The following are some of the most remarkable circumstances connected with the art of midwifery, which occurred:—

Two of the patients were subject to habitual attacks of epilepsy. In the first case the disease was suspended during the first 4 1-2 months of pregnancy; the accesses then returned, and continued in a very severe degree to the end of pregnancy. The labor, however, proceeded in the natural way, and the patient became speedily convalescent. In the second case the accesses were suspended during the whole course of pregnancy, and the labor was an easy one. Professor Busch assures us that, during his practice, he saw only a single case in which the epileptic attack came on during labor.

Rheumatism of the uterus occurred in several cases, but yielded to the appropriate treatment, without rendering it necessary to produce premature labor.

Menstruation during pregnancy.—This occurred once, twice, or even thrice during pregnancy, without affecting it in any pernicious manner. In two cases menstruation had not existed before conception, but set in, for the first time, after the women became pregnant.

Cholera.—In one case the woman was seized with this disease, and died in fifteen hours after the commencement of the attack. The motions of the child were felt ten hours previously to the mother's death. The Cæsarean operation was performed immediately, but the child was dead also.

Duration of Labor.—The longest labor continued for six days and six hours, and then terminated happily without the interference of art. In 30 cases labor was prolonged for three days and more without any injury to mother or child. The shortest labor terminated in 39 minutes.

Imperfect action of the uterus was very frequently observed in all these cases. The powder of the secale cornutum was administered in doses of ten grains every ten or fifteen minutes. Of 175 cases in which it was given, its action on the uterus was manifest in 115. The ergot did not seem to exercise any unfavorable influence on the child,

for, of 177 cases, only one was observed in which the death of the child could be traced to it as a cause.

Convulsions and Eclampsia.—These were observed in 11 cases; 6 were examples of true eclampsia; 5 of simple, though very severe convulsions. Of the former six, four patients died.—*Kleinert's Report.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 11, 1838.

AVON SPRINGS, NEW YORK.

THE hydro-sulphurous waters of this place exercise a powerful influence over chronic diseases, by their action as a stimulant to the organs of secretion; they are useful as cathartic, diaphoretic or diuretic, as they are given in a quantity to act upon the alimentary canal, the skin or the kidneys. According to Dr. J. W. Francis, of New York, "they constitute a very efficient alterative, and, as their tonic properties are the result of their general action upon all the emunctories of the body, we may claim for them properties which are denied to the whole class of tonics and stimulants, strictly so called, and the mischief invariably induced by these last named articles, wherever local congestion exists, will be entirely guarded against by the Avon waters." Experience has also shown that, by means of their stimulant power, their action upon the uterine system is remarkably beneficial, and they possess many advantages over chalybeates in cases of a deficiency or disordered state of the catamenia.

The happy effects of these waters in rheumatism, scrofula, and diseases of the skin, have long attracted public attention, and a great number of sufferers, from these distressing maladies, have been annually relieved, or entirely cured there. They have also been successfully administered in cases of gout, as a palliative of the intensity and frequency of its attacks; in many diseases of the digestive organs, as chronic hepatitis, certain affections of the stomach and bowels, characterized by vomiting or cardialgia, dyspepsia and atonic diarrhœa; in some diseases of the urinary organs, particularly catarrh of the bladder, chronic nephritic calculi, and the lithic diathesis; in the incipient stage of glandular and visceral tumors; in some cases of catarrh and asthma, and in irregularities of the menses and leucorrhœa.

From the above account of the *modus operandi* of these medicinal springs, the physician will be able to designate such cases as would probably receive benefit there.

An infirmary has recently been established in the immediate vicinity of the springs, by a physician of considerable reputation, where the various conveniences for bathing, as douches, vapor baths, &c., and the requisite medical attendance, are provided for those cases in which it would be inexpedient or impracticable for the patients to visit the bathing houses at the springs.

A New Muscle of the Eye.—About a year since, as nearly as we can recollect, Dr. Wallace, of New York, had a short notice in the Ameri-

can Journal of Science, announcing the interesting fact that he had discovered a muscle *within the globe of a fish's eye*, by which the lens was controlled, which was to explain how the organ was adapted to long and short distances : in short, the inference was that all the mystery which had heretofore baffled physiologists in their attempts to demonstrate how the focus of the eye was changed, could now be cleared up without difficulty. After waiting a reasonable period without being satisfied that any such discovery was made, from anything which the author of the paragraph alluded to has since given to the scientific world, we now respectfully desire to know whether he was self-deceived, or whether something is in preparation, calculated to upturn all the old theories on the subject of vision. In the meanwhile, those gentlemen who have good microscopes, will find a rich harvest for philosophical observation, as the spring opens, in viewing the compound eyes of caterpillars. Apparently, the optic nerve of each eye, of which there are eight on each side of the head, unite into one single thread. Now the point to decide is this—do the nerves of each eye communicate singly with the brain, or not ?

Amputations.—One of our exchange Journals (the Southern) gives us a smart lecture for presuming to advance the idea, some months ago, that a treatise on amputations is wanted in this country. Certainly no one could suspect us of selfishness in this ; and it is truly surprising that any one should object to having the profession put in possession of the surgical opinions and experience of the best surgeons in the Union. Instead of circumscribing the art, and raising a barrier against improvement, it would, we think, conduce most effectually to that species of improvement, which, above all others, is most desirable, viz., a more successful mode of lessening human suffering. Our Georgia friend certainly has our permission to cut off limbs as he chooses ; but we nevertheless believe that no man in the world would hail with more pleasure than himself, just such a work as we still insist is a desideratum in the United States.

Hospital Erysipelas.—In nearly all the hospitals in which the law of cleanliness requires that the floors of the wards, occupied by the sick, shall be frequently washed, erysipelas seems not only to have been speedily generated, but also, after its first development, to be always present, and continually showing itself on patient after patient where it was least expected. As its origin has been generally referred to the period when frequent floor-washings were considered necessary, or, rather, when the greatest amount of surface had been thus habitually wetted for a considerable time, why would it not be well to cover the floors of hospitals with painted carpets, such as are manufactured at Roxbury, of any size, which might be taken out daily to be washed, and, when thoroughly dried, returned again and re-spread over the floor ? The experiment seems to promise well in two respects, viz. the annoyance of floor-cleansing would be done away with, and the now supposed cause of erysipelas, from the evaporation of water, holding filth of some kind, perhaps, in solution, would certainly be obviated.

Dr. Little on the Eye.—The flattering notice taken of a manual of the Diseases of the Eye, by S. Little, M.D., of Philadelphia, in the British

and Foreign Medical Review, must be gratifying to the author. We always feel a degree of pride in these acknowledgments from abroad, because it is an evidence that the science and the facts of America are equal in value to the science and facts of the mother country, and that those who confessedly influence the public opinion through the periodicals which they control, manifest a disposition to present the best specimens, to their transatlantic readers, of the medical writers of the United States.

Louisville Medical Institute.—A personal acquaintance, a gentleman on whom we can rely, writes as follows from Louisville, Ky.

“MY DEAR DOCTOR—Enclosed I send you some account of the medical graduates of the new Louisville Medical School. The number, twenty-four, is proof of the remarkable success of this institution. It began with happy auspices; the city appropriated \$90,000 for the buildings, apparatus, library, &c. The best professors that could be obtained, by the great inducements of the school and plan, were brought here; and the prosperity of the school has answered the most sanguine expectations of its friends. There were eighty students during the course—a number perhaps unheard of, in America, at the first year of any other medical school.

“We cannot but feel how much this reputation and prosperity is due to your townsman, Dr. J. B. Flint, the professor of surgery, who, though the youngest, now stands acknowledged the head of the school. He now goes to Europe with the funds for the purchase of books and apparatus. With these and with the increased experience of the teachers, it is determined to make this the first medical school west of the Alleghanies; and, without any derogation to the others, there is no doubt they will accomplish their object.

“When time and opportunity favor, I will give you some account of the other medical schools in the Valley of the Mississippi.

Louisville, Ky., March 3, 1838. Till then, truly yours, J.”

Cupping Instruments.—Mr. Thomas P. Codman, an ingenious mechanic of Roxbury, manufactures a beautiful instrument for cupping. It is quite portable, and not particularly liable to get out of order—a matter of importance to a country practitioner, who cannot avail himself of new instruments the moment they may be wanted. Mr. Codman calls this the *pocket cupping instrument*, because he has constructed the glass part of it with reference to being carried in the pocket. The cylinder is made of Britannia, the piston of brass, and the workmanship is perfectly neat and convenient. A specimen may be seen at the counting room of this office. Hereafter, all the different sizes are to be on sale at C. White’s, druggist, Washington Street.

Medical Miscellany.—Dr. Marcellus Bowen, accused of the embezzlement of money belonging to the Lafayette bank, Boston, has been acquitted by a jury.—A case of death from a rigid adherence to abstemious diet occurred in this city last week. Insanity was exhibited during the last few days. The particulars of the case should be reported.—The summer course of lectures in the Medical Institute of Philadelphia, commenced the first Monday of April. Price of tickets only seven dollars.

TO CORRESPONDENTS.—Dr. Ware's communication, a notice of Dr. Meigs's Philadelphia System of Midwifery, &c., will have place next week. We have also received our exchange file of the India Journal of Medicine, and the India Review, from Dr. Corbyn, by an arrival at this port on Saturday.

Whole number of deaths in Boston, for the week ending April 7, 32. Males, 18—Females, 14.

Consumption, 3—dropsy in the head, 1—hooping cough, 2—inflammation of the brain, 1—measles, 1—throat distemper, 1—inflammation of the bowels, 1—infantile, 2—lung fever, 2—accidental, 1—concussion of the brain, 1—abscess, 2—dropsy, 1—dropsy on the brain, 1—marasmus, 2—old age, 1 burn, 1—erysipelas, 1—liver complaint, 1—child-bed, 1.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	"	DR. WARE.
On the Principles and Practice of Surgery,	"	DR. OTIS.
On Anatomy,	"	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 18—1f

DR. LEWIS requests those who have books belonging to him, to return them immediately at his residence, No. 80 Boylston Street.

4t—A4

CAPSULES OF COPAIBA.

M. A. Mothes, of Paris, has lately invented, and now offers to the medical faculty, a method of administering the Balsam of Copaiba without taste or smell.

The pure balsam is enclosed in capsules of gelatin, which completely cover its taste and flavor, so that they may be swallowed with as much ease as any nice confection. They each contain eighteen grains of the balsam, so that the dose can be measured with great ease; they dissolve readily in the stomach, and are sure not to pass off by the intestinal canal, as is almost always the case with the solidified copaiba. These capsules are highly commended by the medical journals of Paris, and M. Mothes has the favorable testimonials of Drs. Segalis, Rostan, Ricort, Desruelles, Cullerier; Baron Alibert, M.M. Lisfranc & Marjolin, who daily prescribe them, and who, in their lectures, have given the highest praise to his preparation. They are neatly put up in oval paper boxes, containing thirty-six, and are sold in Boston by the importer's agent,

4t—M 28

THEODORE METCALF,

Apothecary, No. 33 Tremont Row.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week. Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

Boston, August 9, 1837.

EPHRAIM BUCK, M.D.
ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
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ON THE TREATMENT OF DELIRIUM TREMENS.

BY JOHN WARE, M.D.

[Read before the Boston Society for Medical Improvement, and communicated for the Medical and Surgical Journal.]

IN some remarks on delirium tremens, which were published among the communications of the Massachusetts Medical Society a few years since, and which were founded exclusively on cases which had occurred under my own observation, I expressed the opinion that this disease was not capable of being arrested in its course by treatment—that the paroxysm of watchfulness and delirium was not shortened by remedies, but would continue a certain time, and then arrive at a spontaneous termination either in death or recovery—and that opium, so far from exercising, as many have supposed, a favorable influence on the event, served rather to increase than diminish the mortality.

The opinions then expressed were not founded upon any strict or analytical examination of the cases referred to, but were simply the result of the general impressions which are left upon the mind of the practitioner, by the observation of disease, as it presents itself in the routine of ordinary practice. I am fully sensible of the cautious reliance which should be placed on results which have been thus obtained, and it seemed, therefore, desirable to inquire how far these opinions would be confirmed by a more strict examination of the cases on which they were founded.

Such an inquiry has accordingly been made, and the results I now lay before the Society. Since the publication of the paper alluded to, a few cases of delirium tremens have fallen under my care, and these have been included in the examination. Other cases, on the contrary, which were then referred to, have been now rejected. The objects of that paper embraced a general history of this peculiar delirium, whether occurring in a distinct paroxysm or only as a transient symptom in the course of other diseases. I have now only included those cases in which the delirium presented itself in the form of a regular paroxysm. I have also excluded thirty-one cases which occurred under my care at the Boston Almshouse, as I have no notes of their history or treatment, but merely of the event of each case.

The number of cases in private practice was 69, occurring during a period of about twenty years. Of these cases 63 occurred among males, and 6 among females. The whole number of deaths was 11—all the fatal

cases were of males. Of 31 cases at the Almshouse, 5 were fatal. The ratio of mortality in all the cases was thus very nearly the same.

1. Eight cases were treated by *large doses* of opium, given with the intention of bringing about a termination of the paroxysm by sleep. The quantity administered varied, in different cases, from 24 to 72 grains, and it was usually given in the course of 48 hours. Four of these cases proved fatal. One died after sleep had been procured, the patient never awaking after the full effect of the remedy had been produced, but expiring in a state of coma. The remaining three died without having slept. Neither of these eight patients was bled. One of them was the subject of a severe acute disease, dysentery, in the course of which delirium tremens supervened; this was a fatal case. The others, so far as could be ascertained, labored only under such general symptoms of disorder as are common to those made sick by intemperance, or some such chronic ailment as is frequent among persons of those habits, and could not be supposed to influence the course or event of the delirium. In the cases which recovered, restoration to health took place speedily and completely after sleep had taken place.

2. Seven cases were treated by *small doses* of opium, or opium given in such manner and quantity as not to have a distinct and powerful influence in the procuring of sleep, the quantity not exceeding two or three grains in twenty-four hours. Two of these patients died, both without having slept. One was laboring under severe peripneumony when attacked by delirium tremens—this case was fatal. One patient was bled, and this was one of the favorable ones.

3. Twelve cases were treated principally by repeated and continued vomiting, according to the mode of practice recommended by Dr. Klapp, of Philadelphia. Tartarized antimony was chiefly relied on for this purpose, but in a few cases the sulphate of copper and ipecacuanha were substituted, with no apparent difference in the effects of the treatment. Two of these patients labored under severe disease, one of the brain, and one of the cellular membrane around the knee-joint. The former died, the latter recovered. One patient was bled, and this recovered. Of the whole number, one died.

4. In two patients a single copious bleeding from the arm was the only remedy employed, and in both the disease speedily gave way.

5. In nine cases the mode of practice was what may be termed, for convenience of distinction, Eclectic. The treatment was adapted to the prominent symptoms in each patient, having regard, in its application, rather to the general character of the case and the indications of derangement in particular organs, than to the presence of the peculiar affection of the brain which constitutes delirium tremens. Of course, a large proportion (seven) of these cases, were decided cases of acute local disease, and were treated by the usual remedies. Five of the nine were bled; and of these, two died. Of the whole nine, three died, all of them being cases of peripneumony.

6. One case, in which the delirium accompanied erysipelas of the face and head, was treated by large doses of the sulphate of quinine. This recovered.

7. One case was treated by mercurials—salivation occurred, and the patient recovered.

8. In 29 cases the mode of treatment was what may be properly denominated Expectant. It is not intended to imply, however, that no remedies were administered. At the commencement of many of them active measures were employed for a short period. Thus some were bled, some leeches, to some an emetic was given, several were blistered upon the neck, and all were more or less subjected to the operation of cathartics. Besides these remedies at the outset, various articles were administered in the course of the several cases, but usually of an inefficacious character, or in such doses as probably to have had no influence on the course of the disease. For example, small doses of spir. ether nit., liq. ammon. acet., tinct. hyoscyam., ext. conii., tinct. humuli, tinct. valerian, tinct. assafetid., and various other medicines, were administered, but from the amount and efficacy of the substances thus taken, no physician, acquainted with their power, would for a moment suppose them to have had any control over the disease.

All these cases were free from combination with acute disease, with one exception; in this there was inflammation of the arachnoid membrane of the brain, as determined by dissection. This was fatal. Four patients were bled, and all of them recovered. Of the whole number 29, one died.

The results of the different methods of treatment will be more readily compared, if they are thrown together into a tabular form.

Treatment.	No. Cases.	Bled.	Died.	Recovered.	Complicated with Acute Disease.
Opium, large doses	8	0	4	4	1
“ small	7	1	2	5	1
Emetics - - - -	12	1	1	11	2
Bleeding - - - -	2	2	0	2	0
Eclectic - - - -	9	5	3	6	7
Quinine - - - -	1	0	0	1	1
Mercurials - - -	1	0	0	1	0
Expectant - - - -	29	4	1	28	1
	69	13	11	58	13

It appears from this statement that of 15 cases in which opium constituted the principal remedy, 6 died; whilst of 54 in which opium was used not at all, or only incidentally and in small quantities, only 5 died. Still further, if we separate from these 54, the 9 cases in which the treatment was eclectic, and in which the mortality seems to have arisen from the combination of acute disease, we have a remainder of 45 cases, of which only 2 were fatal. Again, if we compare the mortality of those cases in which opium was pushed to the full extent advised by writers on this disease, with those in which no active remedy was employed, we have a mortality of 1 in 2, against a mortality of only 1 in 29.

This difference in the results of treatment would seem altogether too great to be attributed to accident, and goes far to establish the truth of the opinion formerly expressed, that opium given in large doses is actually injurious to patients laboring under delirium tremens. But

even admitting it as possible that the great proportion of fatal cases occurring where opium was used, was accidental, it certainly, I think, will not be contended that the favorable termination of the cases not treated by opium, was also owing to accident. And it will certainly follow that opium, if not absolutely injurious to these patients, is at least useless, and that our success in this disease will be sufficiently satisfactory without it.

The examination which has been made of these cases has led me to the notice of some other circumstances relating to the history and treatment of delirium tremens, which it may be worth while to record.

And first, it appears that a case of this disease is not often fatal unless some other affection is present, which is in itself dangerous, and liable, even without its complication with delirium tremens, to prove fatal. Of the 11 fatal cases above recorded, 7 or 8 were of this character. It is not, however, always in our power to be certain of the existence of such a combination, since the effect of the delirium is to absorb or over-shadow whatever other affection may co-exist, and thus to obscure its symptoms and prevent us from recognizing its presence. It may have been possible, therefore, that in the other fatal cases where no such combination was apparent, it may have existed. But it is still worthy of remark that of the fatal cases occurring among patients who were presumed to be free from any such combination, two, if not three, were of those who were subjected to the full opium practice.

2. In three of the fatal cases death took place after the patient had slept. We have been taught to rely on the occurrence of sleep as a pretty certain indication of a favorable termination. It would appear, however, that to this indication there are many exceptions. Neither is the occurrence of sleep in favorable cases always followed by a termination of the paroxysm. Eight patients slept more or less during the continuance of the disease; awaking to exhibit all the symptoms which had previously existed.

3. Convulsions have been considered an unfavorable symptom in delirium tremens; but of 9 patients in whom they occurred, only two were among the fatal cases. I will not assert positively that all the instances in which they took place were noted, yet I do not think they were often omitted. Especially it is probable that they were not overlooked in the fatal cases. Hence, if there be any error, it is one which would diminish rather than increase the ratio of mortality among the cases presenting this symptom.

4. General bloodletting has been usually regarded as inadmissible in the treatment of delirium tremens, and is, by some, thought highly injurious. Thirteen patients were bled from the arm, at some period in the course of their disease. Of these only two died, and these were both affected by peripneumony. This would seem, at least, to show that bleeding is not a dangerous remedy, since the cases in which it was employed were principally those in which there was a combination of some acute disease with the delirium; in which class of cases, as already observed, very much greater danger exists than in those in which the delirium is uncombined.

Boston, April, 1838.

LITHOTOMY—RECENT OPERATION ON A FEMALE.

[Communicated for the Boston Medical and Surgical Journal.]

A. S., a deaf and dumb, married woman, æt. 33 years, presented herself on the 7th February, 1838, for admission into the private hospital of my medical instructor, Dr. Twitchell. On examination, this patient was found to present the ordinary symptoms of urinary calculus; and on the introduction of the sound, a stone was distinctly felt. The urethra was exquisitely tender, the introduction of a common-sized catheter causing great pain; and an application was made of an ointment containing ext. belladonnæ and plumb. acet., with the view of diminishing this morbid sensibility. The usual attempt to extract the stone by dilating the urethra was made; but on account of its large size, and the tenderness of the urethra, its removal, by this means, was not effected; and the operation of lithotomy was decided upon.

The operation was performed on the 13th February. The patient having been placed on the table and bound in the usual manner, the bladder being full, a sound was introduced and the position of the stone ascertained. It occupied the same place as when first sounded, and was not moveable. The sound was then withdrawn, and a grooved staff introduced in its place. Two fingers of the left hand of the operator being in the vagina to protect that from injury, the beak of the gorget was introduced into the groove and pushed along through the whole course of the urethra, dividing it laterally. The staff and gorget having been withdrawn, a small pair of forceps was introduced; and the stone was readily found and grasped, and easily extracted, though it was slightly adherent to the bladder. The hemorrhage was trifling.

The patient was put to bed, and an opiate was directed. No dressings or stitches were made; but she was kept on the back with the thighs drawn together. On the third day after the operation, an examination was made by introducing a catheter into the urethra and the fingers into the vagina; and it was found that there was a perfect union. The patient amended rapidly; and on the 26th February went home, perfectly well, except that, on account of irritability of the coats of the bladder, she was unable to contain so large a quantity of urine as is usual.

I take the liberty to send you this account—not as being that of a very unusual or remarkable case—but from having noticed a report of a similar operation in the 7th No. of Vol. XVIII. of your Journal; in commenting upon which, the writer reprobates, very strongly, the method of operating pursued—ridiculing the idea that the urethra can unite under the circumstances—and asking if “the dividing the urethra does not perfectly destroy all chance of recovery?” In this case, at least, it did not. Many surgical writers on lithotomy say nothing of the operation on the female; but in answer to the inquiry, “is there any authority, to say nothing about common sense, in the matter?” I would refer him to Desault’s Surgery; to Mr. Benjamin Bell’s “System of Surgery;” and to Sir Astley Cooper’s Lectures as reported by Mr.

Travers—authorities which no one will, probably, feel inclined to question. I am, Sir, most respectfully your obt. servt.

Keene, N. H., 6th April, 1838.

CHARLES VOSE BEMIS.

LIGATURE OF THE PRIMARY ILIAC ARTERY.

LIGATURE of the primary iliac for aneurism of the external iliac artery, has, as far as we know, been performed three times. The first operation was successful in the hands of Valentine Mott, of New York; the second was performed by Mr. Crampton, of Dublin, but the patient died of hæmorrhage on the eighth day. In the third case, Mr. Guthrie tied the common iliac, for supposed aneurism, which, after the patient's death, turned out to have been fungus hæmatodes. We are happy in being able to communicate a second successful example of this formidable operation, which was recently performed at St. Petersburg, by M. Salomon.

Luc Padurbusr, 38 years of age, of good constitution, had received, six months before his entrance into the hospital, a kick from a horse in the left groin; soon after the injury a tumor appeared in the inguinal region, and increased so rapidly as to impede progression, within a short period of its appearance. The patient was transferred to a clinical ward on the 24th of May, 1837, and on examination the following particulars were noted:—Voluminous tumor, occupying the left inguinal region, not well defined; it extends four finger-breadths below Poupart's ligament, and as many above it; externally it reaches the anterior superior spine of the ileum, and internally it touches the linea alba and pubis. The pulsations of the tumor are very perceptible to the eye and touch; they are strongest at about two inches above the ligament; here the skin is very much distended and thin; the stethoscope detects a bellows sound. The tumor can be traced into the abdominal cavity, along the line of the external iliac artery, as far as its origin; on compressing the abdominal aorta the tumor becomes smaller, and its pulsations cease. The patient keeps the thigh flexed; the least attempt at extension causes severe pain, which shoots along the external side of the thigh to the ham and leg. Pulse quick and full. The nature of the disease and the necessity of an operation being manifest, the latter was performed on the 26th of May, in the following manner:—

An incision, four and a half inches long, was made on the left side of the abdomen, extending from the anterior superior spine of the ileum to within an inch of the last false rib. The incision was commenced at an inch on the inner side of the spinous process, and ran in a parallel direction with the inferior (*internal*) epigastric artery. The superficial fascia and the fleshy fibres of the abdominal muscles were next divided in the same direction, and Cooper's fascia brought into view. A small opening having been made into this fascia, it was divided for some extent, at lower part of the wound. The peritoneum now lay bare, and was carefully separated, with the finger, from the fascia covering the iliacus muscle, and then from the psoas muscle. An assistant now fixed

the peritoneum and intestines, by pressing them with the index finger against the upper part of the wound, and this done, the operator continued to separate the peritoneum, until he arrived at the common iliac artery; the pulsations of the vessel, which appeared to be healthy, were distinctly felt under the finger. Having ascertained, with precision, the exact direction of the artery by means of the touch (for it was impossible to see it in the bottom of the wound), the operator now separated the iliac vein from the artery with the left index finger, and then succeeded in passing an aneurismal needle along the same finger, under the artery. The vessel was completely isolated from surrounding parts, with the aid of the needle, and then, by means of Deschamp's elastic needle, a ligature was passed round it, from the inner to the outer side. The ends of the ligature were tightened with the common double knot, and brought out at the nearest part of the wound. This step of the operation was not attended with any difficulty. On tying the knot pulsation ceased in the tumor, and it rapidly diminished in volume. The edges of the wound were brought together by strips of adhesive plaster; some pledgets of lint were placed along it, and the whole supported by a common bandage. The patient lost very little blood during the operation, as none of the vessels divided required a ligature.

On the evening of the 26th the pulse was quick and full, but the patient expressed himself much relieved. Fourteen ounces of blood were taken from the arm, and fifteen drops of laurel water administered every three hours. Lemonade for drink; draught containing cream of tartar at night.

27. Pulse quick; no stool. An evacuation was produced by the administration of some castor oil. The lower extremity, which was at first cold, is now warm. The patient now complains of pain in the inner side of the knee, which is swollen, hot, and red; ten leeches to the affected part; warm fomentations.

29. The inflammation of the knee has diminished; the skin here is much cooler than on the 27th; a superficial gangrenous eschar has formed over the fifth metatarsal bone. Some lint, moistened with spirits of turpentine and camphorated spirit of wine, was immediately applied to this point. The general condition of the patient is favorable; he has slept several hours; pulse less quick.

30. The patient has slept tranquilly during the night, and feels himself strong; pulse soft, 80; skin cool; tongue clean; stools natural; the left lower extremity is warm; the aneurismal tumor has considerably diminished in size. On removing the dressings the wound presents a favorable aspect; the greater portion of it is united by the first intention; a small portion near the ligature furnishes pus, which is of good condition. As the swelling at the knee had again become painful, twelve leeches were applied.

31. Has passed a quiet night; the knee less painful; the eschar on the foot is limited, but a similar eschar has formed over the skin covering the patella, which is inflamed. Suppuration of the wound continues slight.

June 2. Tumor of the knee is more painful; twelve leeches

applied, which removed it altogether. Another small superficial eschar occupies the external part of the sole of the foot. The general condition of the patient, and that of the wound, are most satisfactory.

From this period the patient continued to improve, and near the end of June the tumor had subsided to one quarter of its original volume, being converted into a hard, solid mass. The temperature and sensibility of the limb were normal, except at the toes and sole of the foot, which still remained numbed. The whole of the gangrenous spots are healed. On the thirty-second day after the operation the ligature came away, and the wound then quickly healed in its whole extent. At the expiration of two months the patient was completely cured.

The principal difficulty which the operator has to overcome in taking up the primary iliac, depends on the depth at which the vessel is situated in the cavity of the abdomen. M. Salomon considers the incision which he made parallel to the epigastric artery, as the most eligible one, inasmuch as it permits the surgeon to get at the vessel easily, without separating too much of the peritoneum. Valentine Mott made a semi-lunar incision, similar to the one which Sir A. Cooper recommends for ligature of the external iliac. Other surgeons advise us to make the incision along the spine of the ileum, but this method renders it very difficult to pass a needle round the artery, and compels the operator to separate the peritoneum to a great extent.—*French Gazette*.

SELECTIONS FROM FOREIGN JOURNALS.

Value of Vaccination as a Preventive of Smallpox.—After giving a table of the total deaths under ten years of age, and the deaths under ten from smallpox, in Glasgow, for thirty years, and divided into three equal periods, Dr. Cowan observes :—

The ravages of smallpox were never before more vividly illustrated than in the foregoing table.

In the first period of ten years, the total deaths under ten years of age amounted to 9919, and the deaths from smallpox to 3466, being 34.94 per cent., or rather more than one third of the whole deaths under ten.

In the second period, the total deaths under ten are 9080, and the deaths from smallpox 2894, or 31.87 per cent. ; and in the last period, the total deaths under ten are 20,913, and the deaths from smallpox 1013, or only 9.28 per cent.

The saving of human life in infancy by the introduction of vaccination is thus most satisfactorily established, as the table shows an improvement to the extent of 25 per cent., and if to this be added the lives saved above ten years of age, which we have no means of exhibiting from the Glasgow Mortality Bills, we will be able to judge of the benefits conferred on society by Jenner.

The immunity of the Irish from smallpox is a remarkable fact. Dr. Cowan attributes this, and, we think, justly, to the general practice of vaccination among the lower classes by the surgeons of the county

infirmaries and dispensaries of Ireland. Out of 95 patients treated by Dr. Cowan in 1836, four only were natives of Ireland; while 91 were Scotch, of whom 70 were Highlanders, and 21 natives of the Lowlands. A very large proportion of the Highlanders were from the remote islands, and all had recently arrived in Glasgow. Fifty-five of the patients had apparently been vaccinated; but forty never had the operation performed. No death occurred in any individual who presented the appearance of having been properly vaccinated.—*Dublin Jour. of Med. Scien., &c.*

Solubility of Oxide of Lead in Water.—According to Bonsdorff, the oxide of lead, when prepared either by the wet way, viz., the action of water containing air upon metallic lead, or by the dry way, from nitrate of lead, is completely soluble in water. One part of lead requires 7000 of water for solution, which is not so inconsiderable when we remember that one part of magnesia requires above 5000 parts of water to dissolve it. The solution of oxide of lead in water possesses a strong alkaline re-action, both on fernambuc and violets, and is an excellent test for carbonic acid.—*London Lancet.*

Respiration of the New-born Child.—Dr. Kind explains the first inspiration of the new-born child as a reflex function produced by stimulation of the integumentary covering, because this function is exercised even in cases where the brain is totally absent. This power of stimuli applied to the skin, to excite the activity of the respiratory muscles, finds an application in the well-known practice of throwing cold water on, tickling the skin, &c., in cases of suspended animation.—*Ibid.*

Analysis of Iron Ores.—Berzelius states the following to be a rapid mode of analyzing these ores. He boils them with chloride of copper, slightly acidulated with muriatic acid, then on boiling the residue with carbonate of soda, washing the result, drying and weighing, its weight indicates that of the carbon.—*Ibid.*

Assafœtida in Hooping Cough.—Dr. Dürr strongly recommends the use of assafœtida in the form of clyster in cases of hooping cough. The period of the disease is considerably abridged by this remedy; and after a lapse of two, or at most, three weeks, the cough becomes so mild, that all danger of consequent affection of the lungs is almost entirely prevented.—*Ibid.*

Croton Oil as an External Irritant.—M. Boileau has lately addressed a memoir to the Royal Academy of Medicine, on the effects of croton oil in certain chronic affections of the stomach, particularly in gastralgia. The conclusions at which the author arrives, are drawn from seven cases of individuals affected, for a considerable time, with pains about the region of the stomach, with or without vomiting, fever, general emaciation, &c. One case was that of a pregnant woman, whose stomach was unable to contain any kind of substance, whether solid or liquid. A second was relative to a child who labored under very violent gastralgia. Both the patients were cured in a brief space of time, by repeated frictions of croton oil (eight drops) over the epigastrium. In children, the application of the croton oil generally produced purging and an eruption of small pustules over the part. It is necessary that the oil employed should be unadulterated.—*Jour. de Con. Med. Chir.*

Human Milk.—M. Donné, who has lately paid considerable attention to the composition of the human fluids, thus expresses the composition of milk :—

“Milk is a fluid holding in solution lactic sugar, salts, a small quantity of fatty matter, and of caseum ; and, in suspension, a number of globules composed of butter, which are of various sizes, and soluble in ether.

“The first milk, or *colostrum*, contains, in addition, particular bodies, which M. Donné designates ‘granular ;’ these latter do not disappear entirely before the end of the first month after delivery ; they sometimes, however, continue beyond that time. In cases of abscess of the mammaræ, the milk sometimes contains pus, and may contain blood.”—*French Lancet*.

Hydriodate of Iron in Discharges from the Nose.—June 21, 1836, a little girl, two years old, was brought to me by her mother, who said the child had from her birth been affected with difficulty of breathing, which sometimes in the night almost amounted to strangulation, deglutition, at times, also much impeded, and latterly alteration in the voice. She states that a fortnight before a thick, puriform secretion was discharged from both nostrils, which continued without intermission. After clearing the bowels with mercurial purgatives, I ordered a scruple of hydriodate of potash, in four ounces of water, gradually increased to two scruples, a portion of which to be injected up the nostrils three times a day ; also a mixture containing sixteen grains of the hydriodate in two ounces of camphor mixture, two teaspoonfuls to be taken three times a day ; which injection and mixture she continued till the beginning of August, when she became quite well, and has never had any return.—*G. Fayrer, in Lancet*.

Malignant Hydrosis.—I delivered Mrs. H——, says a “Medical Practitioner,” in the *Lancet*, at noon on Sunday, of a stillborn child, her third, and had the satisfaction of finding her doing well on my visit in the evening, and again on the following day, no flooding or any bad symptom occurring during the thirty-six hours following delivery. On Tuesday morning, at 9 o’clock, I was requested to see my patient as early as possible in the day. I immediately visited her, and was informed by the nurse that her mistress had passed a very restless night. I found her complaining principally of restlessness ; there was slight tenderness around the umbilicus ; the tongue was slightly coated ; the pulse 100 beats in the minute ; the skin very moist ; the urine had been freely secreted and voided ; the lochia plentiful and not offensive, no secretion of milk ; the bowels had not been moved. I ordered twelve leeches to the abdomen, to be followed by hot linseed-meal poultices, and three grains of calomel, with one of opium, every three hours ; half an ounce of castor oil to be given every second hour until the bowels should be moved.

At two o’clock she was relieved of the tenderness which had existed five hours previously ; countenance looking better ; she was jocular indeed ; the perspiration was, however, much more profuse, and the pulse had risen to 120 ; she expressed herself as feeling very comfortable, the perspiration only annoying her ; no sickness ; she partook

freely of gruel; ordered her to continue the pills and oil, and desired the nurse to acquaint me with the progress of the case at six o'clock. At that hour the nurse came to my house, and stated her mistress felt herself better, but the bed-clothes were saturated with perspiration. At eight o'clock I visited, and to my utter dismay found my patient moribund, the pulse countless, dreadful anxiety depicted in the countenance, cold extremities, most profuse cold perspiration, the whole of the bedding saturated therewith; abdomen tympanitic, the bowels had not been moved; she was perfectly sensible, and aware her end was approaching. Stimuli were freely administered, but to no purpose; she sank within an hour, speaking in a calm tone to the last.

Case of Excision of the Spleen.—The subject of this case was a stout and healthy man, of about thirty years of age, who was gored by a buffalo, in the Morung Forest, which produced a horizontal wound, of about two inches in length, through which the spleen protruded, and remained in that state for six days, when the patient, to seek medical relief, rode into the station, a distance of fourteen koss, and put himself under Dr. M'Donell's care. A ligature was, in the first instance, applied, with the view of interrupting the circulation, and thereby removing the mass; but, on further consideration, he determined to excise the protruded viscus, which being done, and ligatures applied to two bleeding vessels, with simple dressing, and rest in the horizontal posture, the case rapidly recovered.

It is now two months since the operation was performed, and the man as yet enjoys his usual health.—*Trans. of the Med. and Phys. Society of Calcutta*, Vol. VIII., Part 1.

Absence of the Lung.—On examining the body of a child, six weeks of age, affected with cyanosis, and who died of cerebral congestion, Dr. Hein found a complete absence of the right lung; only a rudiment of the right bronchus existed; the right pulmonary artery and vein were also absent; the septum of the ventricles imperfect; the aorta arising from both ventricles; the foramen ovale and ductus arteriosus open.

GOUT.

DR. CHAPMAN, of Philadelphia, in an excellent lecture on arthritis, or gout, which is published in the *Medical Examiner*, has the following remarks.

"As indispensable, let me insist on a strict, undeviating adherence to a moderate diet. Medical authority, however, differs as to the kind of food. By Redi, Starke, Lobb, &c., the exclusive use of vegetables is strenuously advised, while Brown and his disciples as strongly urge its being the reverse. Both are wrong. The lowest and most abstemious diet will sometimes be exacted, and on other occasions, the cordial and generous. Limitation in quantity is, perhaps, of as much consequence as the quality of the nutriment. Discrimination is no less to be made in relation to drinks. To some, water alone should be allowed, and others will require a small portion of wine, or of ardent spirits. The

great purpose is to preserve soundness of the digestive and assimilative functions, and the course of living must be accommodated accordingly.

"Equally important is it, that habits of indolence, or even of too intense application to study, or any other sedentary occupation, be exchanged for those of activity and exercise. 'Many,' says Hoffman, 'have lost their gout with their fortune,' by turning, no doubt, at the same time, from luxury and lazy enjoyments, to laborious pursuits. The eccentric Mr. Abernethy being asked, by a nobleman, what would prevent gout, replied in his usual sententious manner: 'My Lord, live on sixpence a day, and earn it.' These are aphorisms, which, though uttered with some exaggeration, contain a vast deal of wisdom, and might be adopted, with proper qualifications, as a rule of life in reference to the object in view.

"By one of the sages of our profession, gout has been pronounced as proceeding entirely from 'vexation of spirit.' Not agreeing entirely with him, the immense influence of moral causes in the origination and maintenance of the disease, seems to be universally admitted. Every emotion or passion, whether of tempestuous excitement, or the reverse, depressive, or worrying and irritative, has such an effect. Equanimity is hence to be cultivated, and which will be most successfully done, by resorting to those sentinels which philosophy places over us, to protect against the incursions of the evil dispositions by which the soul becomes agitated or disturbed. Nourished by unresistance, a fretted or exasperated temper is held to be especially baneful, and hence, above all, the injunction of the wisest of mortals, should be remembered: 'Let not the sun go down on thy wrath.'

"Yet, admonished as they may be, we shall find our patients, for the most part, reckless of advice; and, like those of the divine, or moralist, our preachings, too often, leave only an evanescent impression. The victims of gout are, also, usually the votaries of sensual gratifications. By the ancients, who, under the shadow of an allegory, often conveyed a truth, the disease was held to be the progeny of the divinities of love and debauchery. To such persons, as I have alluded to, we shall in vain hold the language of remonstrance, or deliver injunctions to reformation, when opposed by the attractions of the festive board, the seductions of luxurious ease, and the other fascinations and enjoyments of sense and appetite. Ease, in such cases, retracts the vows made in pain, and exclaims, with the voluptuous poet of antiquity, '*Vitam faciunt balnea, vina, venus.*'

"It remains only to add, that, in gout, the paroxysm may sometimes be warded off, if, on the first signs of its approach, a purge be taken. The same good effect I have also known from repeated doses of the alkalies, or magnesia, the prepared oyster-shell, or other antacids, and also by the use of colchicum.

"An allusion has already been made to the denunciation of the latter article under any circumstances, and more especially, to anything like an habitual employment of it. But these apprehensions, I must think, are unfounded, and certainly to the extent to which they have been expressed, by some of the European writers. Much as I have pre-

scribed it, never have I known any pernicious effects from it, and I believe that it may be always so regulated, as to prove a perfectly safe remedy. It is generally taken in the small dose of ten or twenty drops daily, morning and evening, when any slight indications of gout exist, increasing the quantity considerably, on a stronger manifestation of an attack.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 18, 1838.

THE PHILADELPHIA SYSTEM OF MIDWIFERY.*

A PRACTITIONER of some eminence declared, the other day, that he would not read a modern treatise on midwifery, because, in this age, every ostensibly new book upon that subject, is but a repetition of every old one extant, remodeled. To some extent, this is true; yet this staunch determination not to admit that improvement has been made in this, as in all other departments of medicine, is just as unwise as it would be to refuse to admit that any changes have been made in horticulture or the mechanic arts, or any new methods devised in studying the sciences. It cannot be denied that the obstetric art has undergone improvements within a few years. Much of the mystery of management has been discarded—the strange preparations for a coming event, which belong to no nomenclature of disease, are now dispensed with—and the transcendant advantages arising from minute anatomy, never so well understood as at the present moment, give new and increasing value to every succeeding work. On these accounts, therefore, aside from various other considerations, all recent publications, if they contain a condensed view of all that has preceded them, and embody in themselves the latest improvements and discoveries, are entitled to a very special notice. No man can conscientiously practise midwifery, or any other branch of medicine or surgery, we should suppose, who does not keep pace with the age in which he lives. Notwithstanding the common observation, that, with all our science, in savage life it rarely happens that an infant is lost, while the whole history of civilization, so far as the records of medicine are concerned, is a melancholy comment on the imperfection of the healing art, it is no argument against the utility, or indeed the necessity, for these publications. Civilization carries in its train a host of vices which war against health, and peril, in a remarkable manner, the lives of women. But we are insensibly reasoning against a crude personal opinion of a neighbor, when, in fact, it is our design to recommend a new and neatly executed work on practical midwifery.

Because it contains, probably, the results of the experience and views of the practitioners, professors and lecturers on obstetrics, which the author has brought together into a portable form, it is denominated the “Philadelphia Practice of Midwifery.” Aside from its typographical execution, which is remarkably neat, a characteristic of the Philadelphia press, it is altogether a very desirable and acceptable treatise. The

* The Philadelphia Practice of Midwifery, by Charles D. Meigs, M.D., Lecturer on Midwifery and the Diseases of Women and Children, &c., with numerous engravings. Philadelphia: James & W. Kay & Brothers, 1838. 8vo., p. 370

plates, however, are not what they should have been. We entertain an absolute contempt for wood engravings, even the masterpieces of xylography from the hand of Bewick himself. As only a few medical books, comparatively, have their origin in America, for the sake of appearance, if it is necessary to accompany a text with drawings, they should be the very best that can be procured.

We might give a more minute account of this volume, were it necessary to force it into notoriety ; but it requires no factitious aid at the hands of the craft. Its merits will be appreciated by all those at all concerned in the successful and honorable practice of midwifery.

A New Quarterly Journal of Medicine.—A correspondent, residing at New Orleans, writes, under date of March 26th, that a new quarterly on medicine is contemplated by one of the medical societies of that city, which will probably be sought for by the physicians over the United States. It is very extraordinary that the undertaking was not commenced years ago. The hospital reports alone would be extremely valuable. Whenever the contemplated work appears, the subject will be again reverted to.

Decrease of Mortality from Smallpox.—Some tables, taken from the London bills of mortality, have lately been presented to the Westminster Medical Society, which show the decrease of mortality in London, from smallpox, with the progressive increase of vaccination. Five tables, containing 15 years each, were shown, from the first of which, from 1706 to 1720, prior to smallpox inoculation, it appears that in every 1000 cases of that disease there were 78 deaths. The two next tables refer to the period after smallpox inoculation was introduced ; in the first table, from 1745 to 1759, in every 1000 cases there were 89 deaths ; in the second, from 1784 to 1798, 90 9-10ths deaths. The other two tables refer to times since vaccination has been introduced ; in the first, from 1804 to 1818, in every 1000 cases there were 53 deaths ; in the second, from 1819 to 1832, 32 deaths.

The Blue Pill in Neuralgia.—A letter from a gentleman in Geneva, N. Y., has been published in the newspapers, which details the case of an individual who had suffered the most excruciating agony for twelve months, from what was considered neuralgia, but who, at the end of that time, was speedily cured by the use of a pill composed of 3 grs. of pil. hydrarg. and 1 gr. ext. stramonium. One of these was ordered to be taken every night, at bed-time, until the gums were a little affected, then leave off for a few days, and resume. In a fortnight the cure was said to be perfect. He has been threatened several times since with a return of the complaint, but a resort to the same remedy has uniformly prevented it.

Secondary Aneurism.—A patient was admitted, last year, into the Swansea (Eng.) Infirmary, with popliteal aneurism in both hams—that in the right being the largest. The femoral artery was tied on the right side, the following morning, with complete success. Two months after, the femoral artery in the left limb was tied, and the pulsation in the tumor

was, as in the first instance, arrested immediately. The wound healed by the first intention, as before, but in two or three days a pulsatile movement was perceived in the tumor, which was found to indicate secondary aneurism. In seven weeks the ligature was detached, with the knot and ring entire, and evidently showed that circulation could not have been carried on through the trunk of the artery. He was kept in bed several weeks, the tumor gradual decreasing, when he was discharged. Eight months after, he appeared perfectly well.

Medical Miscellany.—Pleurisy is quite prevalent in the District of Columbia.—Dr. Caldwell is about giving a course of lectures on phrenology at New York.—Dr. James R. Manly, of New York, has received an appointment by the Governor of that State.—Dr. Stevens's Lectures on Lithotomy are eagerly sought for by the profession.—A book called the Phrenological Guide, illustrated by plates, has been published at Albany, by Mr. Barlow.—A fine stand for a physician, in the country, worth from 800 to \$1000, with a house and six acres of land, may be found by application to the editor.—Dr. Ferguson, of Millpoint, Mississippi, has been killed in a duelling quarrel.—At the commencement of the University of Pennsylvania, on the 6th inst., the degree of M.D. was conferred on 157 gentlemen.—Dr. Leonard is the acting surgeon of the expedition, sent by the Government, for exploring the Everglades and southern coast of Florida.—Dr. Daniel Edbert, Acting Surgeon of the U. S. Schooner Shark, has arrived at Norfolk from Mahon.—Dr. Napoleon Duchesnois, a Canadian refugee, represented as an estimable and skilful physician, has established himself in Boston.—The external contact of India rubber is said to be excellent for sore throat, when worn in the form of a band.—Dr. Skinner arrived at Moravia, Africa, safely and in health, on the 12th of January. Dr. David Francis Bacon is the principal Colonial Physician.—Deaths in the Marine Hospital, at Chelsea, the last quarter, only *four*; the whole number of patients was *eighty-two*.—Dr. Flint has resigned his situation of physician to the House of Correction, in this city, and Dr. Winslow Lewis, Jr. elected to the office.—A medical student at Louisville fired four charges, from a repeating pistol, at a stage driver, fortunately without injuring his intended victim.—From 1816 to 1835, 103,189 foundlings were received at the hospital in Paris, out of which number there died, in the same time, 80,764; one in five were saved. Each child placed in the country by the hospital, costs the annual sum of 100 francs.—Dr. D. Gilbert has been elected lecturer on anatomy and physiology in the Pennsylvania College at Gettysburg.—Report says that the Secretary of the Navy seriously proposes to dispense with surgeons in the naval service on some of the *healthy stations*, on the score of economy.—In press, and will appear this month, with one hundred engravings, Cutler on Bandages.—One hundred and three medical students were graduated at the Jefferson Medical College, Philadelphia, at the close of the late term.—Dr. Wallace, surgeon of the Jervis Street Hospital, Dublin, died lately in that city, of typhus fever. Some highly interesting researches made by him, on the structure of the negro's skin, were published a short time since, in the London Lancet.—In the Military Hospital at Antwerp, gonorrhœa is said to be generally cured in three days, by a daily injection, per anum, of half an ounce of balsam of copaiba, ten drops of tincture of opium, and six ounces of infusion of althæa.

Whole number of deaths in Boston, for the week ending April 14, 27. Males, 13—Females, 14.

Consumption, 4—lung fever, 3—induration of the lungs, 1—cancer, 1—child-bed, 2—marasmus, 1—pleurisy, 1—accidental, 1—erysipelas, 1—scarlet fever, 1—hydrocephalus, 1—dropsy on the brain, 1—abscess, 1—feebleness at birth, 1—hip complaint, 1—tumor, 1—stillborn, 3.

CLASS BOOK OF ANATOMY.

THE third edition of this useful guide for medical students, in elementary anatomy and physiology, by Dr. J. V. C. Smith, may be had, ordered by mail, of the publisher, R. S. Davis—Joy's Building—No. 77 Washington Street. A18—tf.

RETREAT FOR INVALIDS.

THE profession is respectfully informed that Dr. A. H. WILDER has purchased a large and convenient house in the pleasant town of Groton, Mass., likewise suitable carriages, horses, saddles, &c., for the accommodation of nervous invalids. A18—m2os

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delaf M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vendued as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3.

lyreop

LOWE & REED,

24 Merchants Row, Boston.

TO MEDICAL STUDENTS

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOPER, M.D.

JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

MEDICAL INSTRUCTION.

THE subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

Springfield, January, 1838.

Jan. 17.

JOSEPH H. FLINT.

DR. LEWIS requests those who have books belonging to him, to return them immediately at his residence, No. 80 Boylston Street.

4t—A4

CAPSULES OF COPAIBA.

M. A. Mothes, of Paris, has lately invented, and now offers to the medical faculty, a method of administering the Balsam of Copaiha without taste or smell.

The pure balsam is enclosed in capsules of gelatin, which completely cover its taste and flavor, so that they may be swallowed with as much ease as any nice confection. They each contain eighteen grains of the balsam, so that the dose can be measured with great ease; they dissolve readily in the stomach, and are sure not to pass off by the intestinal canal, as is almost always the case with the solidified copaiba. These capsules are highly commended by the medical journals of Paris, and M. Mothes has the favorable testimonials of Drs. Segalis, Rostan, Ricort, Desruelles, Cullerier; Baron Alibert, MM. Lisfranc & Marjolin, who daily prescribe them, and who, in their lectures, have given the highest praise to his preparation. They are readily put up in oval paper boxes, containing thirty-six, and are sold in Boston by the importer's agent,

4t—M 28

THEODORE METCALF,

Apothecary, No. 33 Tremont Row.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 134 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVIII.]

WEDNESDAY, APRIL 25, 1838.

[NO. 12.]

MERCURY.

FROM SIGMOND'S LECTURES ON THE MATERIA MEDICA.

[Continued from page 153.]

THERE is little doubt, that when mercury was introduced into medical practice ointments and plasters were first made use of, and that its internal exhibition was subsequently recommended. To Jacobus Berengarius, commonly called Carpus, has been generally ascribed the first employment of mercurial ointment. Haller, however, says, "Non quidem inventor unguentorum mercurialium sed laudator." An ointment, composed of grease and mercury, was made use of by him very largely at the siege of Naples, which has been considered as the point from which the syphilitic diseases were disseminated over the whole of Europe. It is unnecessary for me to discuss the question as to the manner of the origin of this disease, although it is intimately blended with the history of the introduction of that remedy which was so long considered the only one adapted for its cure, and which has always been written upon by medical men in unison with it. Whether the infection was brought to Naples by the followers of Columbus from the West Indies, or whether it arose in Europe, is a question which still remains *sub judice*. Astruc, who inquired with greater zeal into the subject than any other investigator, has adduced a variety of authorities and arguments to prove that it was an importation from the New World. The rapidity with which the calamity spread over Europe, on the return of the French army from Naples, to which it had marched in a high state of health and of discipline, the concurrent testimony, that previous to that period there had been no such disease so prevalent as to have excited general attention, seem to justify the assertion, "that during the siege, the provisions growing scarce, the ladies of pleasure were turned out of the city, and then had no other resource than their enemies' generosity, who, according to their usual politeness, received them, and all their pestilential favors, with open arms." Amongst the medical officers attached to the army, and one in whom the officers placed the utmost reliance, was Berengarius Carpus, and he obtained the highest reputation for the cures he effected by means of the unguentum Neapolitanum. Dr. Mead, who paid considerable attention to the authors who wrote in his time, and who consulted the medical authorities now very difficult to procure, and was an admirer of the works of Montana, Fallopius, and Nicholas Massa, tells us, that the prejudices and outcries against mer-

cury arose from its effects as “unguents and emplasters;” and that the Arabians, having recommended mercurial ointments in lepra, “gave a handle to the Italian physicians to try their efficacy in removing the foulness of the skin from a new and terrible contagion; neither were they sparing of their liniments, which they continued to rub in for twelve, fifteen, nay, sometimes for thirty days together.” The plan of treatment adopted by Berengarius Carpus, was to obtain, as speedily as possible, the admission of mercury into the system, by friction and by anointing the whole surface of the body. He generally succeeded in overcoming the disease in the strong persons who submitted to his discipline; but the weaker frames could not undergo it, and many were left in a state of great debility, and either fell victims to premature death, or were rendered feeble for the remainder of their existence.

For some time, therefore, mercurial inunction was abandoned, and a mercurial fumigation was substituted. This was effected by placing the patient, naked, near a large fire, into which was thrown a certain quantity of cinnabar, or sulphuret of mercury; the vapor produced its effects upon the skin, but so many inconveniences attended this plan, and in many instances it was found so prejudicial to the lungs, that it likewise fell into disuse; but the mercurial ointment again found favor in the eyes of some of the faculty practising at Montpellier, at that time the fashionable resort of the sick and suffering. Didier and Chycoynau obtained there a very high reputation, by the employment of the mercurial unction, but in a much milder way than had been previously adopted. They placed, too, the patient before the fire, in order to assist absorption, and then directed that a small proportion of the ointment, now called mercurial, or blue ointment, should be diligently rubbed by the individual himself between the thighs; this process was repeated every evening until salivation was produced. Drs. Cantwell and Astruc, who had opportunities of witnessing the cures, thus effected, travelled over various parts of the Continent, recommending what they called the “Montpellier treatment.” It was by them introduced into England, and very speedily became the usual mode employed for the cure of the syphilitic diseases. Probably the opinion of John Hunter gave the external treatment a higher degree of character, fifty years ago, than it at present maintains. He says, “When it can be thrown into the constitution with propriety by the external method, it is preferable to the internal, because the skin is not nearly so essential to life as the stomach, and therefore is capable, in itself, of bearing much more than the stomach; it also affects the constitution much less. Many courses of mercury, which are absolutely necessary, would kill the patient if taken by the stomach, proving hurtful both to the stomach and to the intestines, even when given in any form, and joined with the greatest correctors; on the other hand, the way of life will often not allow it to be applied externally.”

It has been thought that it is not the crude mercury which is absorbed, but that it is only the oxide formed during the trituration with the fatty matter, that produces any effect; and Mr. Donovan has, in the “Annals of Philosophy,” expressed his opinion that the oxide is the only active

ingredient. Indeed it has been denied that mercury, in its fluid state, can produce any effect whatever, excepting by its mechanical action. The death of Barton Booth, and of others, has been ascribed to the obstruction produced by quantity, and instances have been adduced where large portions have been swallowed with impunity. The Arabian physicians administered it in intususeptio in very large doses. Fallopius and Brasavolus gave it in worms, and the former author states, that he has known women, anxious for a miscarriage, who swallowed whole pounds of it, without finding any mischievous consequence; and there is a story recorded of one of the Princes of the House of Brandenburg, who, on the first night of marriage, rising from the nuptial-couch to quench the thirst, occasioned by love and wine, drank a large quantity of fluid mercury, but suffered from his draught no harm. The College of Physicians, at Berlin, has given a report upon this subject, which tends to prove that crude quicksilver is not poisonous; but the authority of Dr. Mead must not be passed over. He says, "Experience has convinced us that repeated doses of crude mercury have, in some cases, even a considerable time after they have been taken, exerted their full force, and thrown the body into unexpected disorders. I remember two accidents of this kind, and one of them proved fatal, in which, when a small quantity had been given for many days together, a violent salivation ensued more than two months after the use of it had been left off." He likewise tells us that he saw a young lady who, having swallowed about six drachms every morning, three successive days, was salivated three weeks, "the flux then ceased, but returned after six months, and held a month, and once more came on, in the same manner, two months after; the breath was, at each time, strongly affected, as is usual in mercurial spittings."

There can be no doubt that quicksilver is rapidly absorbed, and that it is to be found in the fluids and in the solids, both during life and after death. I remember, on one occasion, it was stated at the Westminster Medical Society, that a lady who was undergoing a mercurial course by inunction was obliged to have a blister applied to the chest, and on making an aperture for the escape of the usual fluid, a number of globules of quicksilver appeared. In the "*German Ephemerides*" is a staggering assertion, that upon opening the vein of an individual undergoing a mercurial course, some drachms of it flowed out with the blood. Zeller, who wrote a thesis detailing experiments made with mercury upon living animals, has given several instances of its appearance in the secretions; Schenkiius met with a case where a spoonful was vomited up; Rhodius remarked an instance of its passing with the urine; and Hochstetter, with the perspiration. In "*Corvisart's Journal*," appears a case related by Dr Jordan, where fluid mercury was passed with the urine; Fourcroy speaks of an instance where a gilder had a number of pustules on the surface of the body, and each of them was found to contain a globule of mercury; after death Mead saw in the perineum of a subject taken from the gallows for dissection, "whose rotten bones discovered what disease had required the use of it, and that I suppose by unction, a quantity of it without any marks of corrosion of the

part where it was collected." It is said that no less than a pound has been found in the brain, and two ounces in the skull-cap of a person who had been salivated. In the Lubben Cabinet of Midwifery there is preserved a pelvis infiltrated with mercury, and taken from a young woman who had died of syphilis. Dr. Christison has collected many instances of this kind; among them is one supplied by Dr. Otto, who, on scraping the bones of a man who had labored under syphilis, remarked minute globules issuing from the osseous substance; in some places globules were deposited between the bone and the periosteum, where the latter had been detached in the progress of putrefaction, and in other places; when the bones were struck a shower of fine globules fell from them. I believe many churchyards of former days will exhibit similar facts. It is not at all uncommon to find the skull-cap more particularly the seat of quicksilver, which insinuates its globules in a most extraordinary way into the texture of the bones. Experiments upon living animals have been tried, which prove the absorption of mercury into the system; those of Dr. Schubarth are the most satisfactory; amongst these a horse was, for twenty-nine days, anointed with mercurial ointment; eighty ounces were rubbed in. After fever, emaciation, diarrhœa, and salivation, he died. A quart of blood was taken from the jugular vein on the sixteenth day, another quart was procured from the great vessels after death; in each quart of blood a liquor was obtained by destructive distillation, in which minute globules were visible; these were so very minute that they account for their having passed unobserved by Klaproth, Bergemann, Rhades, Meissner, and Schweigger, to whose observations I must refer you.

Mercury, improperly administered, is the source of very considerable mischief; at the same time we must weigh well the different statements that have been made by various authors of the effects which it has produced; for, as Dr. Christison has very justly observed, if credit were given to all that has been written, and is still maintained, on this subject, almost every disease in the nosology might be enumerated among its secondary and chronic effects, for there is hardly a disease of common occurrence which has not been imputed, by one author or another, to the direct or indirect operation of mercury. The administration of such doses as do not affect the bowels may be persevered in for some time without affecting the constitution, more particularly when in the form of the blue pill; and although inunction is frequently beneficial, more especially in correcting the biliary secretion, it is very apt to derange the digestive organs if they are at all irritable. It is always of very considerable importance to pay attention to the state of the weather, both as to the prevalence of disease and as to the proper period at which remedies are to be administered. The older physicians laid particular stress upon the influence of the sun and moon upon human bodies; and Dr. Mead has collected some very curious instances to prove the influence of the planets. Modern science and experience have shown that although the paroxysms and periods of disease are guided by regular laws, there is no reason for the belief that the celestial bodies are in any way connected with them, but that they are dependent on atmospheric

changes ; we find, under particular aerial states, that epidemics are prevalent, and that their cure must vary according to the changes that produced them, and medicines will, under such circumstances, lose much of their power, and even be productive of evil consequences. During fine, clear weather, the preparations of mercury seldom affect the bowels, nor do they produce that depression of spirits which is so often observed to accompany their use during damp, moist weather. This does not altogether depend upon the state of atmosphere determining from the outward surface and preventing a free action of the skin, because the coldest weather, if it be dry, is well adapted for its administration. It seems, in some measure, to be connected with the electricity of the body. We are well aware, if the weather be damp and foggy, that a listless and languid state is produced, whilst during dry weather, however cold it may be, there is a feeling of light-heartedness and cheerfulness pervading the whole of the system. In the first instance the atmosphere is robbing us of our electricity, which it greedily absorbs ; in the latter case the dryness of the air is such that it leaves us in possession of the electricity which seems to belong to us ; hence the buoyancy of spirits on the cold, frosty days of December and January, and the suicidal despondency of November ; and hence the elasticity, the life, and animation of the Frenchman, the sluggish, heavy movement of the Dutchman, the variable feelings of the Englishman, one day full of hope and cheerfulness, the next day at war with himself and the rest of mankind.

During moist states of the weather mercurial preparations should be sparingly prescribed ; and when, from the diseased state of the system, they cannot be dispensed with, very great attention is to be paid to the clothing. To every one in damp, moist conditions of the atmosphere, flannel is a great comfort, but silk is the most useful covering to the body. It is by far the best friend and comforter that can be applied. We know that if a silk handkerchief be perfectly dry, lightning the most accumulated could not pass through it, so decided a non-conductor is it ; hence if worn next to the skin, the air cannot absorb the electricity of the human body. Silk waistcoats, drawers, and stockings of the same material, are of the greatest service during the humid state of the winter months of this country. The hypochondriac, the nervous, will derive from them more benefit than from the most active tonic, and they will prove a more invigorating cordial than any spirituous dram ; nor are the effects transient, for a buoyancy of spirits, and an agreeable warmth, are thus diffused over the whole frame. Patients, therefore, during mercurial influence are much better wrapped in silk than even when confined to bed ; but this latter precaution can more generally be taken, and hence the different preparations are always best administered on the invalid retiring to bed, and he should be kept there until the effects have been produced ; this is more especially the case with calomel. As much mischief has arisen from the want of proper precaution, as from large doses, and the habit of the individual is always to be duly weighed and considered. Females of a delicate, nervous, irritable frame, are rendered languid, peevish, incapable of fulfilling their usual duties ; they feel chilly, they easily shed tears, are sometimes almost

hysteric ; and though they have no actual suffering to endure, are almost as miserable as if they had it to encounter. On the other hand, the stout, robust, plethoric individual, who probably has to bear very great pain, from the nature of his disease, seems quite insensible to any unwonted effect ; it, however, more generally acts upon such a constitution with a greater energy, and leaves behind it a more decided state of debility, if it be persevered in for any length of time, or if it be often repeated. The inhabitants of this country are very little influenced by it, comparatively speaking, from their high mode of living, and from their being so much habituated to the changes of climate ; but the foreigner is not so fortunate, nor can he bear a dose which, in his native air, he could take with impunity. Indeed, they have a horror of blue pill and of calomel ; and I certainly have witnessed their greater incapability of bearing it here than in their own climate. I have had opportunities of comparing these points—I have seen the practice on the Continent, and I held the station of physician to the King's Theatre, under the administration of Mr. Ebers, for three or four years, and I was uniformly struck with the singular change that climate and habits of life produced upon the effects and operation of medicine. Those who could bear well full doses under ordinary circumstances, could not submit to much smaller ones here, nor could they bear, in any shape or form, the administration of mercury.

The annals of practice in India likewise show that doses of mercurial preparations are very much influenced by a dry climate. Some very highly intelligent men there have prescribed quantities, and their repetitions, which, in our moist and uncertain atmosphere, would very quickly injure the constitution, and leave it in a state to be acted upon by every morbid exciting cause that might present itself. Whether all this is to be attributed to electric states of individuals, or of the atmosphere, remains to be explained. Some of the phenomena which are observed demand further inquiry ; nor do I know that they have undergone much investigation. There seems to be a peculiar state of constitution in which the electric spark is developed, and elicited from an individual, and this when he is in a state of high susceptibility, from the action of any internal or external agent. Nervous individuals exhibit luminous sparks from the hair when it is combed, which are not visible when they are in health, and this is an indication of cerebral excitement. I once witnessed this in company with a physician, in a highly intellectual lady, laboring under great nervousness ; electric sparks, of the most vivid lustre, were elicited by combing, but they disappeared when health was restored.

Dr. Pitcairne's case of the effect of atmosphere is, perhaps, the most remarkable we have on record, both in regard to the disease and its concomitant circumstances. Being at a country seat near Edinburgh, in February, on a fairer day than usual at that season, and the sun looking reddish, he was seized at nine in the morning, the very hour of the new moon, with a sudden bleeding at the nose, after an uncommon faintness ; and the next day, on his return to town, he found that the barometer was lower at that very hour than either he or his friend, Dr. Gregory,

who kept the journal of the weather, had ever observed it, and that another friend of his, Mr. Cockburn, professor of philosophy, had died suddenly at the same hour, by an effusion of blood from the lungs, and also five or six others of his patients were seized with different hæmorrhages. Such instances are of importance, and should be inquired into, with a view of throwing some light on subjects which ought not to escape the most anxious investigation.

[To be continued.]

INTERESTING AUTOPSY.

BY J. M. BUSH, M.D., LEXINGTON, KY.

IN the presence of Dr. Lewis and a number of young gentlemen, students of medicine, I made the autopsic dissection of a negro man between fifty and sixty years of age. I had been acquainted with his history for the last twelve months, in relation to a disease in his chest. I have known him fall suddenly from the seat of his master's carriage while driving along the streets; and, upon other occasions, he has fallen while passing about his business in the yard. Although I never did examine his case with a view of offering medical advice, yet upon two or more occasions, I have seen him suffering with a paroxysm of difficult and apparently suffocating respiration, seeming, indeed, to be enduring distressing pain in the chest, and complaining of a fullness, or a ball, rising quite up into his throat; from which he dreaded immediate choking. His master, upon these occasions, would tell me that he was the subject frequently of hysteric fits. And without suspecting more, I have ordered him a salt and water emetic, which always, for the moment, had a salutary influence in relieving the aggravated manifestations in the breathing organs. As the diagnosis of his physician was that we should find the cause of his death in the cavity of the thorax, and especially in the heart, our attention was first directed to that organ. After elevating the sternum, the pericardium was opened and the heart exposed. The quantity of liquor pericardii was quite limited, perhaps scarcely of the usual amount. I do not think it exceeded the measure of two teaspoonfuls. The large size of the left ventricle was obvious to all present, and after the organ was cut from its attachments and removed from the body, its abnormal condition was more strikingly remarked; without hesitation it was pronounced to be in a diseased state. The right heart with its appendages was removed, and we were so much convinced from the unusual weight and firmness of the ventricle, that we said that upon a section its walls would appear much beyond their usual thickness, which was made plain on cutting into the cavity. The parietes were about twelve lines thick generally, and in some places fifteen. The ventricular cavity was most remarkably contracted. Diminished from its natural capacity at least one half. The coronary arteries were somewhat cartilaginous in their structure. The lungs were healthy, with strong pleuritic adhesions on each side. In the cavity of the abdomen no diseased change was apparent. The stomach presented itself

distended with gas. But a very interesting departure from the usual arrangement of the small and large bowels, was examined with much curiosity. While the jejunum and ileum occupied their usual position, a most beautiful and complete peritoneal sac embraced them, excluding the duodenum and colon. This sac was constructed by reflections on either side and below from the meso-colon, and above it was completed by a prolongation from the upper root of the mesentery. Its thickness was uniform, and its transparency such that the convolutions of the intestines were most distinctly seen within. The omentum was suspended alone from the greater curvature of the stomach, displaying itself extensively, laterally and below. The other singular departure that presented was in the course of the colon. The cæcum was fixed as customary in the right iliac fossa, the colon continued the canal up the right lumbar into the right hypochondriac region; but now, instead of its transverse direction to construct the great arch, just below the stomach, it doubled upon itself to descend, in contact and on the inside of the ascending bowel, to the left iliac region, whence it departed, crossing in front the ileum. As it entered the cæcum it made a beautiful incurvation below the small bowels, across the upper portion of the hypogastrium, its concavity looking upwards; gaining the left iliac region it ascended through the corresponding lumbar to the left hypochondriac, where a process of peritoneum fixed it to the spleen, which was unusually small. As in the right side it formed its duplication, and descended again to constitute the sigmoid flexure and rectum. This strange and extraordinary tract of the colon added to the entire length of the bowel the distance of the ascending and descending portions. The remaining viscera were all normal, in situ and organization.

The patient, when visited by Dr. Lewis, gave such evident symptoms of hydrothorax and hydrops pericardii, as scarcely to admit of a doubt in his mind that we should find fluid both in the pleuritic and pericardiac sacs. Those manifestations, however, inducing the belief that we should see the result of morbid actions, in those serous membranes, in the form of water, had greatly vanished some hours before death. And in the history of the treatment it was said large quantities of water passed away, both from the bowels and kidneys. Could the absorbents have been so inordinately excited as to have thrown off, by those channels, the accumulations that were believed to exist in the chest? There are some singular and striking cases on the records of the profession, not altogether dissimilar to what might be the facts in the present case. In the second volume of the *Transylvania Journal*, Professor Cross details a most remarkable and interesting case of a pulsating tumor in the female abdomen, that appeared to be a sac containing fluid; and by active purging from a dose of senna the entire swelling, with attending inconvenience, all disappeared in a very short time, perhaps in a single night.—*Transylvania Med. Jour.*

LOSS OF A PORTION OF THE BRAIN—RECOVERY, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—At the request of Professor Armsby, of Albany, to whom I related the following case, which occurred in my practice, I hereby transmit the same to you for publication. LANGDON I. MARVIN.

Northville, Montgomery Co., N. Y., April, 1838.

John Wooster, aged 12 years, had his skull fractured behind the left temple by the kick of a horse, on the evening of the 10th of Sept., 1835. I found him an hour after the accident in a state of insensibility. His pulse were slow and extremely feeble; respiration was stertorous, and with all the symptoms of a severe compression of the brain. On raising the detached portion of integuments, there issued about a teaspoonful of brain from the wound. Perceiving that the dura mater must have been lacerated to some extent, and a portion of the brain broken down, and that other formidable symptoms were present, I was about to consider the case as hopeless.

On visiting him the following morning, I found him still alive, and with much the same symptoms as on the preceding evening; but with no reaction, and without the power of deglutition. I now proposed an operation as the only hope in his case—and this not a very flattering one—which was consented to by his friends.

Dr. Maxwell, of Johnstown, twenty miles from this place, was called and performed the operation of trephining 36 hours after the injury. Twelve fractured and detached pieces of the skull, of different sizes, were extracted from the wound with the forceps, and a few pieces were elevated, exposing a surface of the dura mater as large as a dollar. On the posterior part of fracture, directly under the superior part of the squamous suture, a splinter of bone, half an inch in width, was extracted, which had pierced the dura mater and penetrated the substance of the brain to the depth of one inch. Half a tablespoonful of brain was removed from the wound during the operation. As soon as the depressed portions were removed or elevated, sensibility began to return. The symptoms of compression gradually disappeared, and before he was removed from the table, he conversed rationally, and expressed much surprise to find himself in such a situation, recollecting nothing since he received the injury. The integuments were drawn over the fissure and retained, and simple dressings applied. A violent reaction set in, to reduce which, required repeated and copious bleedings, together with cathartics and antimonials. The wound healed kindly, and three weeks from the operation he was able to walk about.

It is now two years since the injury, and a distinct pulsation may be felt or seen over the whole surface of the original fracture; yet he enjoys excellent health, and retains all his former mental faculties unimpaired.

PRICES OF MEDICAL BOOKS, DRUGS, &c.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I take the liberty to say a few words in behalf of myself and (at least) some of my country brethren. You frequently, through

the medium of your useful Journal, call our attention to the discovery of some new and useful invention of instruments, and various apparatus, &c., pertaining to the profession of surgery and medicine, the publication of some new and valuable book or books, or the discovery of some valuable medicine which you may think worthy of a trial.

All these things we are glad to hear of; but, give me leave to say, we want some further information—we want the price of your instruments, your apparatus, your books, and your medicines, likewise the place where obtained. This would be of great convenience to those of us who visit your city but seldom, and who have not frequent opportunities to send by a professional man. I sent, some time since, for Coxe's apparatus for removing enlarged tonsils, which I had seen favorably noticed in your Journal, and though I sent by a gentleman well acquainted in your city, still he was unable to find any such instruments. Hull's Utero-abdominal Supporter is offered for sale, and we know where; yet when our female friends wish to know the price, we are wholly unable to tell.

I would respectfully inquire if it would not be fully consistent with the object of your Journal, and tend to increase its usefulness, to give, monthly or quarterly, the prices at which some of the articles of medicine are sold—not embracing many, nor such as we usually obtain in the city papers—especially the newly-mentioned medicines and others, such as creosote, iodine, hydriodate potass, morphine, narcotine, &c. &c. So, also, of various instruments, &c., may we not occasionally know the price? and of medical books likewise? The price desirable for us to know, is not the wholesale price, but for what sum we can purchase a single work, or instrument, or bottle, package, or box of medicine.

Most respectfully yours,

St. Johnsbury, Vt., March 30, 1838.

CALVIN JEWETT.

RETENTION OF HERNIA BY TRUSSES—RADICAL CURE.

EXTRACT FROM DR. R. COATES'S LATE WORK ON MEDICINE.

THE truss and its use in retaining the bowel in hernia, are too well known to require particular description. But the proper construction of trusses has been shamefully neglected, until recently, by the profession—being thrown entirely into the hands of instrument-makers and pretenders, whose continual changes and improvements, so called, have rendered it difficult to number the modifications. None of the trusses invented before 1834, could be depended upon for retaining the common inguinal hernia completely and permanently. The bowel would occasionally descend, in defiance of the care of the patient, and the truss itself become a source of danger by its action on the bowel. Humanity is indebted to Dr. Heber Chase, of Philadelphia, for the invention of a complete series of instruments adapted to each variety of hernia, and all the complications of several varieties occurring in the same individual; which instruments, after they are properly adjusted,

are capable of retaining the bowel with absolute certainty under all the exertions required even by laborious professions.

But this is not all—it is found that this certainty and perfection of retention enables the powers of nature to contract the passage, so that after the truss has been worn from nine to eighteen months, the patient generally finds himself *radically cured*. We believe this result will take place in not less than nine-tenths of the cases occurring in persons under fifty years of age, and in a fair proportion of cases in later life.

One of the principal operative surgeons of Philadelphia remarks, that the number of cases of strangulated hernia has diminished astonishingly since the introduction of these instruments.

Empirics and ignorant inventors of trusses have the folly publicly to advertise their instruments for the cure of hernia and varicocele; and we have seen advertisements of this character seemingly backed by the favorable opinions of men high in the profession. We can scarcely believe these signatures to be genuine; but, be this as it may, it is our duty to caution those who suffer under the disease, against the cupidity of any one who would sell such an instrument for such a purpose. A truss may, and often does, give rise to varicocele. We have no patience with the grossness of such deceptions, having witnessed so much and such frequent suffering consequent upon them. Instruments for the treatment of hernia positively require to be adjusted and applied by a surgeon acquainted with the anatomy of the parts, and who has taken pains to study the use and construction of trusses.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 25, 1838.

COATES'S POPULAR MEDICINE.*

THIS is a very neatly executed work, from the prolific press of Cary, Lea & Blanchard. The title of the volume, perhaps, would not recommend it to the profession, who have had just occasion to be disgusted with treatises on domestic medicine, medical advisers, &c.; but emanating from so high a source, we shall be much disappointed if this volume does not ensure for itself a careful perusal from the scientific practitioner, for which, we will predict, he will be amply repaid. So far as we can allow ourselves to approve of epitomes on medical subjects, we must distinguish this volume as the depository of a large fund of anatomical, physiological and practical truth. But to families, travellers, members of missionary stations, and all who may be unable to procure the services of a regular practitioner, it is a valuable compendium, and for such the work was expressly designed.

But the author, apart from this, had another object to accomplish,

* Popular Medicine, or Family Adviser; consisting of outlines of Anatomy, Physiology, and Hygiene, with such other hints on the Practice of Physic, Surgery, and the Diseases of Women and Children, as may prove useful in families when regular physicians cannot be procured, &c. &c. By Reynell Coates, M.D., &c. Philadelphia: Carey, Lea & Blanchard. 8vo. pp. 614.

which the enlightened practitioner will deem desirable, viz., the extension of correct medical knowledge beyond the limits of the medical profession. We have long considered this a desideratum. Such a purpose gained, will do more towards pulling down the strong holds of quackery and empiricism, in their thousand Protean forms, than the fast-multiplying prosecutions and accumulated verdicts of homicide can ever accomplish. A volume like this, carefully read, will enable the public to distinguish easily between the pretender and the man who has faithfully studied his art. When public opinion is enlightened, we may invoke its resistless arm to our aid in the cause of science and humanity. Give to any patient the slightest knowledge of the structure of his system, or the faintest idea of the principles of the medical art, and he will hesitate before he entrusts the repairing of such delicate machinery to the hands of the marvellous-loving and wonder-working quack.

We have time only for a cursory notice of the plan of the work. It is divided into two general parts, descriptive or theoretical, and practical. The first embraces a particular notice of human general anatomy, enlivened with many physiological observations—a view of the principal animal functions, and their aberration from healthy action—and a very valuable chapter on hygiene. Part second treats of the symptoms of diseases and the most approved methods of treatment.

We cannot close this notice, without special commendation of many portions from which we shall be glad to make extracts. That portion of the chapter on hygiene, treating of clothing, exercise, and errors in female education, should be faithfully studied by every conductor of seminaries for the education of females throughout the Commonwealth. The article on spinal curvatures we commend to them as replete with valuable hints on physical education. The clearness and simplicity of the style of the work will be admired by the profession, as well as the general reader for whom it is adapted. For sale by Little & Brown, Boston.

SCROTAL ELEPHANTIASIS.

REFERENCE has been several times made to the great operation performed on the 3d of October, 1837, at New Orleans, by Dr. Picton, a fearless and successful surgeon of that city, on a negro by the name of Nelson, for scrotal elephantiasis. The tumor was of enormous dimensions, weighing, when dissected from the unfortunate subject of the disease, fifty-three pounds. Nelson remains perfectly well and in good health. Mr. J. Lion, a native artist, has executed two remarkably accurate lithographic drawings, illustrative of the appearance of Nelson before and after the tumor was taken away, which represent the patient on his feet, and both are as true to nature as it is possible to execute such productions. Copies are on sale at Ticknor's bookstore, Washington street, and at Cottons & Barnard's, corner of Washington and Franklin streets, which are so cheap that it is an inducement for any one at all interested in the progress of American surgery to procure them. The price of the two, is \$1,50. They are actually important references, and therefore deserve a place in the library.

We believe this is the first operation of the kind ever performed in the United States. In India, these terrible enlargements are more common than in any other country, and yet they are always viewed with surprise even there. In the August number of the *India Journal of Medical and*

Physical Science, by Dr. Corbyn, just received, two cases are detailed, analogous in character, but not quite so terrible in size and aspect, as Dr. Picton's.

Phulad hur Chapprassee, of the Hindoo caste, aged 34, of a corpulent habit, had labored under the disease for twelve years, and, therefore, was an unpromising subject. The other, Uttram, a Hindoo, aged 36, muscular and healthy otherwise, recovered. The tumor, in each, weighed only about twenty pounds. Each operation lasted eleven minutes: the tunica vaginalis, in both patients, contained hydrocele and hydatids. The spermatic cords, and procreative apparatus, were preserved in both, being in good condition.

Mr. Egerton says that the "cause of this unsightly and truly formidable disease is peculiar," and not understood. The most common commencement, though not the invariable one, is as follows. The individual is attacked for some days with fever, either of the continued or remittent form. Considerable effusion at length takes place into the tissue of the cellular scrotum, nature apparently selecting these parts instead of producing that congestion of the spleen or liver which is so often witnessed as the issue of fevers in some countries.

But it is impossible to comprehend the awfulness and loathsomeness of this malady without inspecting an accurate drawing like those to which our surgical readers are directed.

Advertisements of Druggists and Booksellers.—A gentleman (a subscriber to the Journal), residing in Vermont, has written us a very sensible letter on the subject of the *cost of things necessary in the practice of medicine and surgery*. He inclines to the opinion that a sort of price current, or a specification of the cost of different articles not already well known to the profession, would be extremely useful and important to country practitioners. We agree with him most fully, that it would be an excellent scheme for benefiting the apothecaries, who would be delighted, beyond all manner of doubt, to have the exact No. of their shops pointed out periodically, and a formidable catalogue of their wares and merchandize advertised gratuitously. Much as we wish to oblige the profession, there are bounds beyond which we cannot pass—we cannot advertise for nothing. An advertising page is appropriated to booksellers and druggists; if they care not to avail themselves of its advantages, it is no concern of ours. It is a matter of wonder that an individual, anxious to dispose of an article, the sale of which exclusively depends on the patronage of physicians, will prefer advertising in a common newspaper, which, in a majority of cases, perhaps, does not number more than one medical man in three hundred of its subscribers; when by advertising in a medical journal, almost every physician within three hundred miles of him is made acquainted with all the facts, and becomes even familiar with the locality of the very store in which success or ill success in a great measure depends on the influence of medical practitioners.

Notwithstanding these explanations, and the frequent care we have taken to urge upon the class of persons concerned, the immense advantages accruing to them from the simple plan of advertising in those publications which are sought for by men on whom they must rely for thrift in trade, we feel under obligation to notice all improvements and inventions, and the medical works that may be forwarded for that pur-

pose. The letter is in this day's Journal, and is respectfully recommended to the perusal of those who deal in drugs, medicine, instruments, and medical books.

College Course of Anatomical Lectures.—In consequence of the absence of the professor, the lectures at Cambridge will be given the ensuing term, it is understood, before the college classes, by Dr. Reynolds, who delivered the course at the medical institution the past winter.

Medical Festival.—Faneuil Hall has been granted, by the City Authorities, to the Massachusetts Medical Society for its anniversary dinner, to be given on the ensuing last Monday in May.

Transactions of the Medical Society of New York.—Part I. of Vol. IV. has been published at Albany, and contains a vast amount of local information relative to the Medical Society, besides a variety of useful matter, interesting to the profession. The annual address, by the president, filling thirty pages, together with Dr. Gray's observations on Prolapsus Uteri, with reference to the *modus operandi* of Hull's Utero-abdominal Supporter, deserve a careful perusal.

Medical Meeting.—At the annual meeting of the physicians of the County of Middlesex, Ct. held at Haddam, April 12th, 1838, the following officers were elected for the present year. Thomas Miner, *Chairman*; Ira Hutchinson, *Clerk*.

Thomas Miner, Asa L. Spaulding, and Frederick W. Shepherd, were appointed Fellows of the Medical Convention at New Haven, in May next.

Dr. Catlin made a report of an epidemic smallpox, about 80 cases of which disease appeared a year or two since in this county, in the town of Chester and its vicinity. This epidemic was generally in its mildest form, and but two deaths, from it, were known to have occurred. The general preventive, and otherwise modifying powers of vaccination, were strongly confirmed.

Agreeably to appointment, at the meeting previous, Dr. Miner, 2d, read a dissertation upon the structure and functions of the brain and nerves.

Dr. Warner stated a number of cases of pneumonia typhodes, successfully treated at Upper Middletown; and Dr. Shepherd related the history of a singular case of nervous affection.

The meeting was very pleasant and interesting, and it is presumed instructive to all the members present, indicating an improved and elevated state of the profession in the county.

Nervous System.—Rhomberg considers that the elementary fibres of the hypoglossal nerve are the masticatory nerves of the tongue; that the glosso-pharyngeal serves to associate the muscular actions of the larynx, pharynx, velum palati, and tongue; and, finally, that on the chorda tympani depend the articulatory motions of the tongue, and their association with the imitative movements of the face.

Salivation.—M. Brachet, of the Hotel Dieu, at Lyons, strongly recommends the acetate of lead as a remedy in cases of violent salivation. He administers from two to three grains twice a day, in conjunction with small doses of opium, and says that he has employed this remedy with success in more than fifty cases.

Fractures.—M. Thierry lately submitted to the Royal Academy the history of a case of fracture of the left arm, which had remained unreduced, and without union, from the 26th of June, 1836, to the 13th of January, 1837. A complete cure was obtained by the method of Celsus (rubbing together the ends of the bones) and the permanent starch bandage; the latter was allowed to remain on for seventy days.—*Lancet*.

Creosote in Cancer.—Dr. Friese, of Goldapp, assures us that he employed every kind of treatment in vain, until he thought of applying creosote, in the case of a lady who was affected with cancerous ulceration of the skin covering the calf of the leg. One part of creosote in three of distilled water was applied over the surface of the leg, which quickly became white, and was soon afterwards covered with a thin eschar. The latter was detached on the fourth day, and the sore was covered with healthy granulations. The central part healed up after the third application; the edges, however, did not cicatrise before the lotion had been applied seven times; on the last occasion equal parts of creosote and water were used; the lady was thus perfectly cured.—*Berlin Med. Zeit.*, No. 13, 1837.

Medical Miscellany.—An essay on the antiquity of Hindu medicine, by J. F. Royle, M.D., has been published in England.—A curious work, entitled the “Age of the Earth, Geologically and Historically considered,” has also been published.—The mortality of Charleston, S. C., in 1837, was 630. The population is 30,289—giving one in 48 as the proportion of deaths.—A fatal case of hydrophobia has occurred in Philadelphia in the person of a little girl, who died in about a fortnight after being bitten by a rabid dog.—A *Graham* boarding school, for young ladies, has been opened at Lynn, Mass.—The barque *Sackville*, an English vessel, lying at Sierra Leone, in the month of February, lost her entire crew, from the captain to the cabin boy. Out of an entire new crew, seven died before the barque left port.—A famine had become very distressing in Egypt at the last date, December 11th.—A social meeting of the Boston Medical Association met at Dr. Z. B. Adams’s, Pearl street, on Thursday evening last.—Dr. George W. Otis, Jr. has been appointed physician of the Boston Jail.—A child is reported to have died at Leicester, Pa., in consequence of taking less than a teaspoonful of Godfrey’s Cordial—a preparation of opium.—An Irishman has just arrived at New York, for the purpose of exhibition, who is seven feet six inches tall.—A negro was accidentally drowned, in Washington city, who had reached the great age of one hundred and fifteen years.—Dr. M’Naughton, of Albany, is president of the Medical Society of the State of New York.—A description of the *acarus scabiei*, represented by three drawings, has been published in one of the London medical periodicals. It agrees, in the main, with that by Dr. Gordon, in one of the numbers of this Journal.—The bill in favor of the Thomsonian system of medicine has been again defeated in the Maryland Legislature.—

Dr. Hunter, recently tried for high treason at Toronto, has been acquitted.—The smallpox now exists at West Cambridge, near Boston.

To CORRESPONDENTS.—An interesting communication from Bangor, on Nervous Diseases, and also Dr. F.'s valuable reports of anomalous cases, from Virginia, are reserved for next week.

Whole number of deaths in Boston, for the week ending April 21, 55. Males, 14—Females, 21. Consumption, 7—tumor, 1—dropsy in the head, 2—teething, 1—fits, 2—inflammation of the lungs, 1—lung fever, 2—pleurisy fever, 1—burn, 1—delirium tremens, 1—drowned, 2—marasmus, 3—disease of the brain, 1—measles, 1—croup, 1—paralytic, 1—asthma, 1—sudden, 1—rash, 1—stillborn, 5.

SARLANDIERE'S ANATOMY.

SYSTEMATIZED ANATOMY, or HUMAN ORGANOGRAPHY, in synoptical tables, with numerous plates, for the use of University Faculties, and Schools of Medicine and Surgery, Academies of Painting, Sculpture, and the Royal Colleges. By the CHEV. J. SARLANDIERE, D.M. Translated from the French by W. C. Roberts, M.D.

A few copies of the above for sale at Ticknor's, corner of Washington and School streets, at one half the original subscription price.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week. Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

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THE profession is respectfully informed that Dr. A. H. WILDER has purchased a large and convenient house in the pleasant town of Groton, Mass., likewise suitable carriages, horses, saddles, &c., for the accommodation of nervous invalids. A18—m2os

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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[NO. 13.]

NEW OPERATION FOR THE CURE OF PROLAPSUS UTERI.

FROM DR. MARSHALL HALL'S LECTURES.

ANOTHER application of the principles of inflammation to the cure of a distressing malady, was proposed by myself, and successfully made by Dr. Heming. The object was to cure *prolapsus uteri*. It occurred to me that this might be accomplished by diminishing the calibre of the vagina, so that the uterus might be supported in its place at its upper part. The vagina, being lined by mucous membrane, could not be readily excited to contract adhesions with itself; I proposed, therefore, to remove one or two slips of that membrane, and draw the opposite edges into contact by suture; adhesion would take place, the canal would be firmly contracted, and the prolapsus of the uterus prevented. All this was effectually accomplished in one case, the details of which I published some time ago. Several years afterwards, the case was examined by Mr. Vincent; the uterus was still retained in its proper position. Recently this operation has been successfully repeated by M. Velpeau and M. Bérard, Jun. In the young, I would propose that the slip of mucous membrane removed from the highest part of the vagina be broader than that removed from below.

The object, in this operation, is to contract the vagina. It is accomplished by changing a mucous surface, opposed to adhesive inflammation, into a surface of another character, on which this form of inflammation is readily excited.

The first case of this operation was published so long ago as 1831. The subject of the case was a poor woman, whose bread depended upon the labor of her hands. Her sufferings, from the prolapsed state of the uterus, were often extreme, and she was frequently disabled from engaging in her various occupations.

For several years there had been complete prolapsus of the uterus; to this were also conjoined a partial descent of the bladder at the anterior, and of the rectum, formed into a pouch, at the posterior part of this prolapsus. The os uteri protruded at least two inches beyond the os externum.

It occurred to me that, if the canal of the vagina could be considerably, permanently, and firmly reduced in its diameter, the uterus would be supported in its place, and prevented from resuming its prolapsed situation; and that this might be done by removing a portion of its mucous membrane along the anterior part, and by bringing and re-

taining the denuded surfaces in contact, by successive deep sutures, until they should unite by cicatrix.

This operation was performed by Dr. Heming. The uterus being protruded as much as possible by the efforts of the patient, two parallel incisions were made through the mucous membrane, from the sides of the os uteri, along the course of the protruded vagina, to the os externum; the portion of this membrane situated between these incisions, was then removed, leaving a space of one inch and a half in breadth, and of the entire length of the vagina, completely denuded. A suture was then inserted near the os uteri. This suture being tightened, the os uteri was obviously pushed upwards. A second, a third, and other ligatures, were then inserted in the same manner, at short intervals, to the os externum; each ligature, on being tightened, moving and supporting the os uteri upwards.

This operation was attended with little pain; the only sensitive parts of the membrane being those near the os uteri and os externum.

The patient was directed to keep quiet in bed. The bowels had been opened. An opiate was given. No pain or fever followed. In four or five weeks the denuded parts had firmly united, and, shortly afterwards, the ligatures came away.

On examination, six, eight, and ten weeks after the operation, the os uteri could be just felt, *in situ*, by the finger passed through the vagina; the vagina was firmly contracted along its whole course.

The prolapsus of the uterus was thus completely remedied. The descent of the pouch of the rectum was lessened.

The principle upon which this case was treated, is illustrated by a fact detailed to me by Dr. Holland, of Queen street, May-Fair. A pessary, introduced in a young person to support the uterus, subject to be completely prolapsed, induced great inflammation. This was followed by such firm contraction of the vagina that the uterus ever afterwards remained in its proper situation.

This subject has recently occupied the attention of the surgeons in Paris, and several notices have appeared in the reports of the proceedings of the Academie Royale de Médecine, and in the Parisian journals, relative to it. I think an account of these discussions cannot fail to interest the members of our profession in England.

The first of these notices, of which I shall give an account, is that of two communications made to the Academie on the 11th August, one by M. Velpeau, the other by M. Bérard, Jun.

“M. Velpeau communicated the case of a woman, about fifty years of age, who had for a long time been affected with prolapsus uteri. There was also cystocele, pushing the uterus backwards. An operation was performed according to the plan of MM. Marshall Hall, Heming, and Ireland, though with the following modifications: In order to effect a considerable tightening, three shreds of the mucous membrane of the vagina were removed, one anterior, the other two lateral, beginning at the os externum; each of these shreds was ten lines in breadth, and two inches and a half in length. A difficulty is usually found, after removing the shreds, in making the suture. M. Velpeau took the pre-

caution to fix the thread previously. The operation was not attended with any untoward event; the hæmorrhage and pain were very slight, and cicatrization ensued by the first intention. Some colic pains, arising from the retention of some fæcal matter, were subdued by laxative medicines. The patient was cured two months ago, and the cure promises to be permanent. The operation is at once free from pain or inconvenience, and appears most effectual.

"M. Maingault objected, that, in the case of young women likely to become mothers, this operation would involve serious inconveniences.

"M. Velpeau observed, that this objection might appear well founded at first sight, but that there were facts to show that cicatrices of the vagina may yield sufficiently, during labors, to admit of the passage of the fœtus.

M. Bérard, Jun. related the case of a woman, in which he performed the same operation with entire success. Out of three instances in which he had himself been the operator, two persons were completely cured.

"Since that day M. Bérard has repeated the same operation. He proposes to designate it by the term '*Elytroraphie*.'"

To this brief account of the proceedings of the Académie, I beg to add that of a clinical lecture by M. Velpeau, published by Dr. Dufresse, in the "*Journal Hebdomadaire*," for August the 29th, tom. 3, No. 35, p. 275:—

"There came under my care (says the professor) a woman, aged 58, of dark complexion, and well formed, affected with prolapsus uteri to such a degree that this organ projected through the os externum. The cervix was neither inflamed nor ulcerated. The patient experienced no pain, and she could reduce the tumor herself.

"This affection is rather an infirmity than a disease. It may, however, become a source of serious disease, in consequence of the dragging which is produced by it on the parts contained within the pelvis. It may also be the cause of peritonitis, inflammation of the cellular membrane of the pelvis, and, consequently, of abscess; and the intestines may be drawn into the *cul de sac* which is thus formed. It may also be the cause of strangulated hernia; and, lastly, of ulceration of the neck of the uterus.

"The surgical means which have been hitherto applied are only palliative. They consist of pessaries, by the use of which the patient is subjected to numerous accidents. There is considerable variety in the form of these pessaries; some are oval, others elliptical, or '*en gimlette*.' They are with difficulty retained in their proper situation, and are ill calculated to support the uterus. They imbed themselves deeply in the parietes of the vagina, and produce inflammation, in consequence of which it is frequently necessary to withdraw them. Others have the form of a '*bilboquet*.' It has a stem, which projects out of the vagina, and produces much inconvenience when the patient sits down. This is often broken, and then the cup remains in the vagina, where it becomes covered with a calcareous concretion. Pessaries have also been known to perforate the recto-vaginal septum, and the sores

thus produced to become fistulous. There are, besides, 'pessaries elytroides.' These are with difficulty kept in the vagina.

"The insufficiency, then, of these means, and the inconveniences which follow their application, justify the efforts that have been made to obtain a radical cure; which has been effected in some cases.

"There is one principle only, but this is effected in various ways. It has been founded upon that which is adopted for the cure of prolapsus ani. This consists in contracting the orifice of the anus to a greater or less extent. Hey was the first to adopt it in England, but M. Dupuytren, in France, described it with much more accuracy, and ought justly to be considered as the first who gave rules for its performance. Thus from the success obtained in cases of prolapsus ani, it has led to a belief that the same benefit might be expected in cases of prolapsus uteri, by contracting the vagina.

"The first idea of this operation is due to M. Girardin, who described it in a memoir which he presented to the Société de Médecine de Metz, or de Nancy. He proposed to contract the vagina, and if necessary even completely to obliterate it in women in whom the catamenia had ceased. He found many opponents to his ideas, which were rejected. The manuscript remains unpublished, the journal of the Society having given only an analysis of it, which I have now before me.

"These ideas have since been renewed, reduced to rules, and adopted with success. M. Dieffenbach, of Berlin, has employed this method. In 1831 many of our young surgeons went into Poland, and they addressed letters to the '*Gazette Médicale*,' in which they gave an account of many cases of procidentia uteri, in which there had been performed an operation similar to that adopted by M. Dupuytren for the cure of prolapsus ani.

"Two years ago M. Langier tried to cure a case of prolapsus uteri, which came under his care, by contracting the vagina. I believe this case has not been published.

"M. Tanchon was acquainted with this method, but kept it a secret; he has published nothing upon it; he has only put in his claim against that of the English surgeons, who wish to consider the priority in reference to this operation, as due to themselves.

"M. Dieffenbach is contented with removing the folds of the vagina near the inferior orifice.

"M. Langier cauterized a broad strip of the mucous membrane with the nitrate of mercury.

"MM. Marshall Hall, Heming, and Ireland, in England, have performed the operation with complete success. Their method consists in removing an elliptical shred of the mucous membrane from the internal surface of the vagina, an inch in breadth, and several inches in length. The wound is then united by the interrupted suture. In some cases two such shreds have been removed, one from the left, and the other from the right side.

"In the case which I have described, the catamenia had subsided for a long time. The uterus projected two inches externally; the tissues

were not hypertrophied, nor had they undergone any other alteration of structure.

“The plan which we propose is as follows: First, to remove the anterior column of the vagina, from the inferior part to the superior, before reducing the prolapsus; then to reduce it, and remove from the lateral parts of the vagina, both right and left, and along the whole length of this canal, a band of the mucous membrane; and, lastly, to unite the anterior wound by the interrupted suture.

“In our opinion it is much better, when the procidentia is not very considerable, to insert the sutures before removing the anterior shred of mucous membrane, so that the threads may be situated about a line from the edges of the wound. We advise this to be done, in consequence of the pain causing the parts to contract, when the excision is made before the sutures are inserted; and, in many cases, when this happens, it is exceedingly difficult to insert them. In the dissection of the anterior shred considerable caution is necessary lest the vesico-vaginal septum be completely cut through.

“The woman who forms the subject of this communication, experienced no inconvenience; and some days since she walked in the wards of the hospital, and in the gardens, without the least tendency to a return of the prolapsus. We may now, therefore, calculate upon almost certain success by an operation.”

What I have to add is a little amusing. It seems M. Girardin has written to the Academie to remind its members that in 1822 he had proposed to cure prolapsus uteri. It is added that M. Girardin “a voulu par cette communication assurer à l'operation son origine et maintenir à la chirurgie Française (!) la priorité de l'invention, sinon de son execution.”

It seems that the profession in France remained steady in their opposition to this measure, and that M. Girardin slept upon his mere proposition. I do not imagine, therefore, that either will gain much by any attempt to deprive me and Dr. Heming of whatever merit there may be in having both devised and executed this simple, this painless, almost bloodless, yet important operation. To compare our operation to that of Hey, or that of Dupuytren, for prolapsus ani; or to those of M. Diefenbach, and M. Langier, for prolapsus uteri, neither of which could succeed, is equally futile. As to M. Tanchon, who could keep his mode of proceeding secret, he does not deserve a moment's notice.

Without attaching too much importance to it, I cannot but regard this operation as a valuable addition to our curative means. Prolapsus uteri is frequently a great calamity. The mode of cure proposed is at once effectual, and free from either pain or danger, if properly performed.

NERVOUS DISEASES.

[Communicated for the Boston Medical and Surgical Journal.]

BRODIE, in his late work on nervous affections, has conferred a lasting benefit on medical science, by the free and practical manner in which

he treats of these anomalous diseases. There are few practitioners who do not occasionally meet with cases which they are unable to place under any nosological class, by reason of their ever-changing symptoms; and authors, in general, are so anxious to limit diseases by certain definitions, that the inexperienced are liable to suffer perplexity and doubt, in their intercourse with them. For when we consider the extensiveness of the nervous system, the complete circle and endless radii of its sympathies, the proneness and liability of its actions to be deranged by every moral and physical agent, as well as the general character of its functions to be modified by every grade of temperament and idiosyncrasy, we shall be led to the conclusion that it is as impossible to define its morbid actions by any classification of symptoms, as it would be to arrange, in musical order, the confused sound of a thousand strings, when struck by the unequal blasts of a hurricane.

It is only those physicians who have had the care of cases similar to the following, that can rightly appreciate the value of such a work as Sir B. Brodie's "Lectures, illustrative of certain local Nervous Diseases," or feel sufficiently grateful to Professor Dunglison, for making it so generally known by republishing it in his excellent "Medical Library."

Miss S. E. B., a respectable young lady, formerly of this city, of about 20 years of age, of fair and florid complexion, and possessing an amiable disposition, has been suffering under a singular nervous malady for upwards of four years. The symptoms have been so various and unusual, that they have baffled the skill of medical gentlemen, in this city as well as in Boston, to discover either their pathological relation, or cure; and my memory recalls them before me, at this time, in such contradictory groups as almost to defy a description. I will, however, attempt to give a general outline in the order of their occurrence; and will afterwards point out, more particularly, the most prominent and anomalous of them, as well as the peculiar physiological condition of some of the organs, and their unusual relation to different articles of the *materia medica*.

After an attack of sudden suppression of the catamenial discharges, by exposure to cold, while in a boarding school, she first became an invalid. The symptoms which then began to affect her, were gastric irritability, and a variety of other symptoms usually attendant on indigestion. This state of things continued for nearly a year, when she had an attack of hematemesis. She soon afterwards became subject to a peculiar kind of cough, a *spasmodic bark*, accompanied with severe dyspnœa. At this time her form began to enlarge, and continued until she had the appearance of a person in the last stage of pregnancy. Within two years from the commencement of her disease, she became subject to a paralysis of the lower limbs, which continued, until within a few months, more or less to affect her; and ever since her first seizure, she has been subject to violent fits of vomiting, which have constantly alternated with the pulmonic affection.

In the winter of 1836, one of those attacks of *spasmodic retching*

and vomiting continued to harass her for seven weeks, during which time she was incapable of retaining a single spoonful of nutriment in her stomach; and she had not, as long as the vomiting lasted, one fæcal discharge. Although her whole source of nourishment was derived from the daily exhibition of one or two enemata, yet she retained a health-like countenance, a cheerful mind, and a persevering confidence that she should get well. For three weeks, during this severe attack, her vomiting was constant, night and day, until the nervous and muscular systems became completely exhausted; and then she would remain in a comatose state for a few minutes, when the peculiar vomiting would be resumed. After the attack of vomiting began to subside, symptoms of spasmodic croup made their appearance; and frequently her friends supposed she had breathed *her last*, from the length of time that transpired between each respiration. One of the most peculiar phenomena, was the vacillating state of her symptoms, between the pulmonary and digestive organs; and if it was possible for the relaxation of the diaphragm to be an active agent, we might consider the dyspnœa and vomiting to be occasioned by its disturbed function. Although her stomach ejected, almost immediately, for weeks, every article of food that was taken, yet she had no *biliary discharge*. Her skin remained perfectly free from any *bilious tinge* whatever, although the alvine discharges were completely suspended; the urine, likewise, was extremely scanty and light colored, and the cutaneous excretories were equally as inactive. This will be considered, by many, as a proof of Professor N. Chapman's peculiar views respecting the pathology of jaundice, i. e., that the yellowness of the skin, &c., depend on a morbid state of the capillary system, rather than on a suspension of biliary secretion, or from absorption of bile already secreted. Vide Am. Jour. Med. Scien., Vol. I., p. 65.

The absence of organic disease seemed to receive support from the fact, that there was not a single function of the body that was not performed, during one period or other of her complaint, with a healthy regularity; but the governing influence of that circle of well-balanced sympathies, which secures to the general organic system a *unison*, appeared to have lost its controlling power, and to have left each organ, occasionally, to assume to itself the whole of the nervous excitability, which ought to be equally distributed and expended by the whole system.

But the most singular feature of this extraordinary case, and the one which principally induces the writer to consider it worthy of publication, is the astonishing insensibility of the stomach and intestines, as well as the cutaneous absorbents, to the impression of a variety of powerful agents. At one time the "black drop" was given every two hours, in teaspoonful doses, until she swallowed ʒij. , without producing sleep! and a grs. v. pill of ext. stramon., as well as belladon., was given every hour, for two days and nights in succession, without even affecting the pupils in any perceptible degree; although there could be no doubt of the genuineness of the preparations, as they had been used, in usual doses, in other cases, with decided effect. Narcotics were not the only

class of medicines that proved inactive; for at times, the ordinarily most drastic purgatives and powerful emetics were likewise as ineffectual. A number of very active articles were given *per ano*, and were retained in the bowels for hours without producing the least uneasiness; among the number, we recollect ordering injections of tobacco, and a decoction of the same was even swallowed in repeated tablespoonful doses, without occasioning even nausea. The application of many of the most powerful preparations, such as morphine, strychnine, emetine, &c., on blistered surfaces, was often attended with the same want of influence. But this insensibility, after continuing two or three weeks, was generally succeeded by a different state of things. The organs, that formerly were so torpid, became morbidly excitable, in an inverse degree to their former insensibility; and then, again, like the fabulous stone of Sisyphus, their energies began to fall, as soon as they reached the summit of their morbid exaltation; and the extent of their subsequent descent, was always in proportion to the degree of their previous elevation.

The real nature of her enlargement has been as difficult to determine as any symptom connected with her case. The impression produced by its *feel*, is neither that of ascites, enlargement of any one organ, or a tumor *sui generis*; neither has it the elastic feeling of tympanitis, although there are more reasons to consider it confined air, than any other body. The action of emetics and hydragogues has, in some instances, reduced it, while in others it has not lessened her size in any degree.

Her lameness has been confined, principally, to one of the lower limbs; although the other, as well as the upper ones, has not been always subject to volition. The lameness has all the characteristics of real paralysis, excepting wasting, which usually attends its continuance. The temperature of the limbs has been always below the natural standard, and their animal sensibility has been much lessened; so that numbness continued, for a long time, to be one of the most troublesome symptoms.

About a year ago, she expressed a wish "to try" the *Thomsonian mode of treatment*; which her medical attendant acceded to, being confident, from the slight effect which the most powerful articles of the materia medica had on her system, there would be little danger of her being injured by any of their *nostrums*; considering, likewise, that such diseases have frequently yielded to the moral influences of a confidence in a new and novel mode of treatment; and likewise that a *disturbing course* would be the only one which could succeed in breaking up the circle of diseased nervous affections which seemed to have completely usurped the place of the normal functions. We were, therefore, induced to yield a willing assent to the *empiric trial*. The result has been rather beneficial; for although during the year her situation has been vacillating between the two extremes of her complaint, yet, upon the whole, her symptoms are much mitigated, and a few weeks ago she enjoyed a better state of health than she has for the last three years; but whether the improvement depends upon the treatment she has un-

dergone, or the changeable character of the disease, a further time can only determine.

In giving a history of this anomalous case, it is impossible to give a correct account of all the different characters it assumed, or diseases it simulated, throughout its course; but we do not hesitate to affirm, that there are but few symptoms belonging to the long catalogue of diseases, which have not afflicted the patient, in one stage or other of her complaint. As might be expected, the opinions given by her medical friends, as well as the treatment prescribed, have varied according to the different *phases* which this *protean* disease has put on. But little doubt remains that it belongs to one of those extraordinary species of *hysteria* that Sir B. Brodie has so often met with; and it is to be lamented that so extensive a practitioner, and so able a writer, should not have discovered a cure, or even suggested some plausible mode of treatment, that would tend to expunge it from that long list of *incurables* which are significantly but unjustly denominated the *opprobrio medicorum*.

Bangor, Me. April 14, 1838.

D. McR.

CASE OF OVARIAN DROPSY.

[Communicated for the Boston Medical and Surgical Journal.]

Two months previous to the birth of the patient, J. B., her mother had the smallpox, for the second time, and of the confluent sort: her body, at her birth, presented the appearance of one who had gone regularly through that disorder. The circumstances were considered extraordinary at the time, and attracted the attention of many physicians, and are recorded in the books of the Middlesex Medical Society. Dr. Isaac Hurd, of Concord, was her mother's physician.

Between her first and third year, J. B. had a long illness, from which her recovery was considered almost miraculous: in childhood she had a large swelling in the groin, which was called a rupture; but she wore no truss or anything of that sort, and the swelling, it is believed, disappeared before she grew up. She was rarely gay and happy, like other children; but would often cry for hours, alone by herself, without any apparent cause.

At about sixteen she was in better health, flesh, and spirits, than at any period of her life, but soon after that time she began to be troubled with abscesses under her arms, most painful, tedious, and difficult to cure, often continuing for months. During the eight following years she was under the care of Dr. Chaplin, of Cambridgeport. She not only had these abscesses every winter, but during those years was almost constantly afflicted with a hard cough; once had hemorrhage from the lungs, and was visited by old Dr. Warren; once had a violent brain fever, and once a lung fever. The whole array of painful remedies were, one after another, called forth to her relief—setons, issues, blisters, the knife, the lancet, and many of the most powerful agents in the *materia medica*. It is supposed that Dr. Chaplin considered her system so insensible to the action of medicines as to call for the employment of

the most active and violent: certain it is that she took almost everything but laudanum, without any considerable effect, though five drops of that preparation have produced every symptom of death.

From 1822 her health gradually improved, though she was still subject to cough and pain in the side, and to glandular swellings, one of which last was cut out, at her earnest desire, by Dr. Z. B. Adams, in 1823 or 4. She went to reside in Boston to teach a school, and while there, from some exposure to the weather, she took cold and was seized with erysipelas in her head, which was very severe. She was carried home as soon as possible, and after a few weeks recovered so as to be able to return to Boston for a short time, but returned to her home, and for some months was troubled with rheumatism in the head, and a tumor which appeared somewhat like polypus and occasioned her much suffering. In the winter of 1825-6 she went to Baltimore to reside, where the mild climate seemed to renovate her constitution, and she enjoyed tolerable health for four or five following years. After that she had catarrh, fever, and lung fever: she had continued to suffer from the tumor, which Dr. N. R. Smith twice operated upon, and removed.

In the spring of 1831 she had a violent lung fever, from which she recovered sufficiently to come to New England in June, and spend there the remainder of the summer. She enjoyed tolerable health from that time till January, 1833. She was then very ill with inflammation of the bowels. She was cupped and blistered; warm poultices were used, and the bowels, which were hard and swollen, were rubbed with whiskey and sweet oil. After about a fortnight her health seemed improving and her strength increased, though her bowels remained hard and swollen. She continued to gain strength, though a confirmed dropsy had supervened. In the fall of 1833 she was much increased in size, though able to ride out and to walk about the house: she had been tapped two or three times with very little success. During the autumn (of '33) her limbs swelled more and more, and after September she did not go below stairs. Dr. Buckler once pricked one of her limbs with a needle, from the knee to the ankle, with the hope of relieving the distension by discharging the water. The relief, however, was slight and transient. He also tapped her once or twice, but was unable to draw more than a pint of water from two simultaneous openings. Some hydatids were drawn out by the instrument. She was never tapped after the operation of Dr. B.

About November, a black spot appeared on one of her ancles, which rapidly spread, and in a short time both limbs became ulcerated, and so painful that by January she was unable to lie down on account of the extreme soreness and pain, and equally unable to walk or stand. For eighteen following months she never left her chair, except when she attempted to lie down on the hydrostatic bed, which, however, afforded her no relief, and she abandoned it after one or two painful trials. During the winter of 1834 she often had severe cough and disordered bowels, but the pain in her limbs was so severe that she took, for weeks together, from four to eight teaspoonfuls of laudanum every night, or else a preparation of morphine, which she much preferred. In March,

of that year, she was suddenly seized with diarrhœa and sickness at the stomach, with great prostration of strength, and in two days her limbs, which had been of the size of a very large man's, shrunk away to almost the mere bone from the hips downward: the discharge from them entirely ceased. The hard, black skin, which appeared to be thick, like sole-leather, stood out from the bone like a man's boot, and was as dry and stiff, just hanging by a loose puckered skin from the knee. At this time her strength failed so that she was necessarily placed on the bed, and she was, for the future, able to lie down every night.

She gradually recovered from this singular state. Again her limbs swelled and discharged as before, but she did not suffer so much from them till the winter, nor had she occasion to use so much laudanum. The dressing of her ulcers was changed, from litharge ointment (which had been used for two years), to an ointment composed of beeswax and lard, which answered quite as well. She had been unable to bear the weight and pressure of poultices.

She continued in much the same state, being better in the warm weather, till the latter part of June, 1836, when she sailed for Boston. She was carried through this formidable undertaking with much less suffering than could have been anticipated, as she had not been able for months to bear her own weight a moment, or move herself from one spot to another. Every accommodation which the wisdom and experience of many friends could suggest, or their kindness supply, was furnished her, and a gracious Providence granted her a safe, though tedious, passage of ten days, during which no accident occurred, save that she was thrown out of her cot by the sudden lurching of the vessel in a high wind at midnight: the curtains and bed-clothing broke her fall, and she escaped with only a few bruises and scratches, which healed more favorably than could have been expected. The fatigue and the excitement of reaching home made her more ill for a few days, but she suffered no material injury from the removal.

The following autumn and winter she seemed much as she had during the preceding season, except that she did not, perhaps, suffer so much; still she was obliged to take laudanum, and finally the black drop, of which she took, for some months, from two to three teaspoonfuls a day. In June, 1837, she had a turn precisely similar to that in 1834; she was suddenly prostrated, again her limbs shrunk and dried, and she was again obliged to lie upon her bed. Never afterwards was it possible for her to sit in a chair, as formerly, though she could still sit up in the bed two or three times a day. From this condition she was raised to comparative strength by the use of black drop, brandy, and other stimulants. In August ('37) she was, with great difficulty, placed in a chair and secured, so that she could be carried from one house to another. This removal seemed, for a while, to render her better and happier; still, however, her sufferings increased, especially from sore mouth, which made it very difficult for her to eat. Finally, she lost all appetite. She was occasionally troubled with shortness of breath, to a dreadful degree. At last, two or three days before her death, there appeared to be an evident sinking, universal distress and restlessness,

great difficulty of breathing, particularly on attempting to lie down or change her position. All this increased till, on Saturday morning, she sank softly away, and breathed her last without a struggle.

NOTES OF THE AUTOPSY.

Body generally emaciated; legs permanently flexed on the thighs; abdomen enormously distended; superficial veins of chest and abdomen remarkably distinct, presenting an endless mesh of dark lines. On measuring the abdomen, the vertical outline of the protuberant part was found to be (from the crest of the pubes to the ensiform cartilage) two feet, five inches; and the whole circumference of the body (the line being carried around at the level of the umbilicus) four feet, four inches. An incision having been made into the left side of the abdominal parietes, twenty-four pounds of clear-looking serum were evacuated. On opening the abdomen, an enormous congeries of cysts protruded, not adherent in any point to the walls of the abdominal cavity, and attached only to the left ovary or Fallopian tube by a narrow band, which was ruptured in removing the mass. One of the cysts occupied completely the lower cavity of the pelvis below the brim, compressing the rectum. The intestines, liver, and stomach, were thrust up, with the diaphragm, thus diminishing, materially, the cavity of the thorax. The whole tumor was turned out without rupturing any of the sacs, and weighed, with its contents, fifty-four pounds (the sacs themselves, after evacuating the fluid, weighing eleven pounds), so that there were sixty-seven pounds of serous fluid within the walls of the abdomen. The fibrous coat of the liver and spleen presented large patches, white, indurated, and thickened: the other organs presented no traces of disease.

The right lung was condensed as if from compression, and at its apex was a small cavity filled with softened tuberculous matter, the whole upper lobe being in a state of tuberculous degeneration, with some cretaceous deposit at the very summit. Left lung healthy.

The pleuræ each contained fluid to the amount of four ounces, and on both sides there were extensive adhesions.

Heart perfectly healthy.

Brain not examined.

On examining the tumor it was found to be made up of many distinct cysts; some with thin, transparent walls, others with walls thick, and of almost cartilaginous hardness: to these latter were attached large masses of scirrhus substance. One of the cysts was lined with a yellowish, pasty secretion, and contained a quantity of calcareous matter, very friable.

This form of disease has been admirably described by Dr. Hodgkin, of London, in a paper on "Adventitious Formations," published in the *Medico-Chirurgical Transactions*; and also by Dr. Seymour, in his *Lectures on Ovarian Tumors*, printed in the second volume of the *London Medical Gazette*.

April 26, 1838.

[The above case, though, by request, without signature, is from a responsible source.—ED.]

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 2, 1838.

DR. M'NAUGHTON ON HOMŒOPATHY.

IN the Transactions of the New York State Medical Society, the first article is an address by James M'Naughton, M.D., the president, which is a sort of compendium of the different systems of medicine which have been in repute, from one age to another, since the days of Hippocrates. He has minutely considered the last, and, to our humble apprehension, the most useless of the whole series, and his dissertation commends itself to the reader. In a word, the author makes it as plain as the stars in the firmament, that homœopathy is not deserving the consideration of an intelligent man. For example, the treatment of acute diseases, though familiar, perhaps, as taught by the admirers of Hahnemannism, is a tolerable specimen of the whole plan of management in all maladies;—a little variation in the mode of approaching the patient, is just about as well as varying the remedies.

“In acute diseases the remedies are not exhibited, in general, more than once or twice in twenty-four hours, the interval depending upon the duration of their respective effects. In chronic diseases, again, they are not given oftener than once a week, fortnight or month—sometimes only once in two months. The millionth, or ten-millionth part of a grain once in two months, and that given in sugar, is certainly a very gentle mode of treating a disease; and if experience should prove it to be as successful as the Allopathic method, it is certainly entitled to the preference. One would suppose that such small doses could not exert any influence on the vital actions. The most virulent poisons known to us can be taken in doses a hundred times larger than the doses of the Homœopathic medicines, with impunity. Making, therefore, all due allowances for the influence of friction in imparting new properties, nothing short of the most unquestionable experience could induce us to believe, that the remedies of the new school would do either harm or good.

“The fundamental principle of curing diseases by remedies which aggravate, for a time, the symptoms, is not calculated to make a favorable impression on physicians brought up in the Allopathic schools, even if the doses of the appropriate remedies seemed sufficiently large to produce a decided impression on the system. But the principle of action, and the infinitesimal size of the doses prescribed, have together contributed to prevent physicians from paying any attention to the new science. Generally speaking, they have at once pronounced the whole subject absurd, a delusion, or a gross imposition upon public credulity.”

However, although the utter uselessness of this system is admitted, and all classes of thinking persons look upon it with supreme contempt, several professed Homœopathic practitioners are thriving grandly in the large cities. They seem to fill an important niche, which neither natural-bonesetters, pill-makers, or venders of patent medicines, generally, could reach. People were not so fully and completely imposed upon as they like to be, till the arrival of these last, but least injurious adven-

turers, on the American Continent. Perhaps, however, it is taking an unjustifiable liberty to pronounce them *harmless*, since Dr. M'Naughton assures us that—

“Several of the most intelligent disciples of Hahnemann, as Hartmann, Rummel, and Gueyrard, recommend Allopathic or antipathic remedies where the Homœopathic are inapplicable or insufficient. I have myself seen several instances in which much injury resulted from trusting exclusively to Homœopathic remedies. In one instance I have seen the sight of an eye almost entirely lost, with a deep ulcer on the cornea, while the Homœopathist paid no attention to the local affection, but for weeks continued to give internal remedies, to get at what he considered the root of the evil. But the eradication of the evil would have come rather too late, if the humors of the eye were in the meantime allowed to escape.”

Usually, the effect of warning the people against impositions where health is concerned, is to awaken curiosity, and, finally, if a sympathy happens to be excited for what is commonly called a persecuted man, not only is the individual personally and speedily benefited, but the whole community assists in making his fortune at the expense of its vitality.

We wish it were proper to circulate occasional medical tracts, of a popular character, through the country, after the manner of the temperance associations. The effects would be lastingly beneficial, and under such circumstances Dr. M'Naughton's discourse would be read with universal satisfaction and profit.

New York Medical Prize Fund.—By a unanimous vote of the Medical Society of the County of New York, embracing the city, twenty dollars are to be paid annually to the prize fund of the State Society. Sixty dollars, as a donation, were also received the past winter from the interior counties, towards the same meritorious object. No dissertations seem to have been presented the past year, or, if there were, none of them had sufficient merit to take the prize.

Utero-Abdominal Supporter.—A committee of the New York Medical Society have made a flattering report in favor of this instrument. The committee express a belief that it will in most cases supersede the use of the pessary. Such, too, is the opinion of good judges in this neighborhood. It is lamentable that the price is so exorbitantly high as to induce ingenious mechanics to fabricate them, to the injury of the proprietor.

To those whom it may concern.—The readers of this Journal—some of them, at least—will remember the insertion of a Card from Dr. North, more than a year ago, stating that on account of his health he had left certain papers in relation to diet and regimen, in my hands for publication. The work to which they have given rise is at length, after much delay, in press, and will shortly be published. It will be a duodecimo volume of 200 pages or more, entitled, “Vegetable Diet : as sanctioned by medical men, and by experience in all ages.” WM. A. ALCOTT.

Boston, April 28th, 1838.

Oxygenated Soap.—Mr. Eliphalet Davis, of Cambridgeport, who manufactures this excellent article, deserves the special patronage of public

institutions. The efficacy of the oxygenated soap in the management of ill-conditioned ulcers, calls for the attention of surgeons. It is more than a year since it was urged upon those who manage surgical wards to give it a thorough trial—and in many instances since, when judiciously prescribed, the result has been very satisfactory. Some of the worst-appearing ulcerations of the skin have yielded to the application of this compound, which resisted a variety of preparations usually resorted to in the attempt to heal them. Now there is no mystery in all this, nor is there any secret in the manufacture. If a remedy so very simple, under ordinary circumstances, is so efficient in its effects, it behooves practitioners to call it to their aid. To those who are in that particular condition in which medical advice is not thought necessary, yet, nevertheless, are constantly suffering from the debilitating influences of a long-continued, indolent ulcer, the oxygenated soap is worth a speedy trial.

Rhinoplastic Operation.—This operation was performed in Calcutta, last summer, on a patient in whom a most extensive sloughing ulcer, spreading over the face, had destroyed the entire nasal organ, the whole of the lips, the right eye, a great portion of the cheek, and the whole of the nasal bones, cartilages, and integuments. The orifice of the mouth had closed by cicatrization, except a small opening sufficient to admit the end of the little finger, through which he subsisted by suction for the last eight years. The orifice of the mouth was first enlarged, without dividing the fibres of the orbicularis oris, sufficiently to admit solid food, after which the operation for a new nose was performed, the flap of integument being dissected, as usual, from the forehead. The flap was adjusted by four points of suture; small strips of adhesive plaster were applied, and a layer of cloth dipped in cold water. A columna nasi and nostrils were also formed, and their dilatation preserved by two rolled pieces of cloth. On the eighth day the twisted portion of the flap was detached by the bistoury, when union by the first intention had occurred throughout. This was all that was deemed requisite for the poor object, who was thus made comparatively comfortable, though his other facial deformities still remain.

Diseases in India.—A list of cases in the Central Hospital of Calcutta, for May and June, of last year, is given in the India Journal. The whole number is 2466, though the hospital has been established but six months. Of this number, we find that 319 are cases of syphilis, 131 of gonorrhœa, 72 of bubo, and 200 of ulcers. In speaking of syphilitic diseases, Mr. Brett, the superintendent of the hospital, alludes to the injudicious use, by the natives, of mercury, in their treatment of them.

Fairfield County (Conn.) Medical Society.—At the annual meeting of the Fairfield Co. Medical Society, held on Thursday, the 12th ult., at Bridgeport, Rufus Blakeman, *Chairman*; Sturges Buckley, *Clerk*, the following gentlemen were chosen Fellows of the Connecticut Medical Society: Jeremiah T. Denison, M.D.; Chauncey Ayres, M.D.; Justus Sherwood, M.D.; Rufus Blakeman, M.D.; David H. Nash, M.D.

A dissertation on "the Influence of the Mind on Disease" was read before the Society by Dr. R. Blakeman.

Drs. Denison, E. Middlebrook and Buckley were appointed to read dissertations at the next annual meeting of the Society.

Drs. G. Blakeman, Beach and Middlebrook were appointed the standing committee for the year ensuing.

TO CORRESPONDENTS.—Dr. F.'s communication, which has been crowded out of this No., will appear next week.

DIED.—In Cranston, R. I., Dr. Samuel Hudson, aged 77.

Whole number of deaths in Boston, for the week ending April 28, 40. Males, 19—Females, 21. Consumption, 6—measles, 1—intemperance, 1—fits, 3—dropsy in the head, 2—lung fever, 2—throat distemper, 1—inflammation, 1—quinsy, 1—ulceration of the stomach, 1—marasmus, 1—infantile, 2—scarlet fever, 1—puerperal fever, 1—suicide, 1—convulsions, 2—apoplexy, 1—accidental, 1—bilious fever, 1—old age, 1—dropsy on the brain, 1—disease of the heart, 1—croup, 1—inflammation of the peritoneum, 1.

SARLANDIERE'S ANATOMY.

SYSTEMATIZED ANATOMY, or HUMAN ORGANOGRAPHY, in synoptical tables, with numerous plates, for the use of University Faculties, and Schools of Medicine and Surgery, Academies of Painting, Sculpture, and the Royal Colleges. By the CHEV. J. SARLANDIERE, D.M. Translated from the French by W. C. Roberts, M.D.

A few copies of the above for sale at Ticknor's, corner of Washington and School streets, at one half the original subscription price.

CLASS BOOK OF ANATOMY.

THE third edition of this useful guide for medical students, in elementary anatomy and physiology, by Dr. J. V. C. Smith, may be had, ordered by mail, of the publisher, R. S. Davis—Joy's Building—No. 77 Washington Street. A18—tf.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.
The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3.

lyreop

LOWE & REED,

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TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOPER, M.D.

JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

MEDICAL INSTRUCTION.

THE subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

JOSEPH H. FLINT.

Springfield, January, 1838.

Jan. 17.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVIII.]

WEDNESDAY, MAY 9, 1838.

[NO. 14.]

ACUTE ARTICULAR RHEUMATISM.

A CLINICAL LECTURE BY DR. GERHARD, PHILADELPHIA.

I SHALL to-day, gentlemen, take up the subject of acute articular rheumatism, as it is especially prevalent at this season of the year, when the number of other acute diseases is very limited. In summer we have acute abdominal inflammations, and in winter affections of the pulmonary organs, while, during the spring and early summer months, serous inflammations, both of the internal and external membranes, are most common. Acute rheumatism bears some striking relations with the inflammations of internal serous membranes, from the similarity of the mode of treatment which often becomes necessary in both affections, and from the frequent complication of the latter with the former disease. In almost every severe case of the disease under notice, there co-exists inflammation of the covering of the heart, or of the serous membrane lining its cavities. Since this connection between the pathology of articular rheumatism and that of diseases of the heart and its membranes, has been clearly traced, the disease has attracted much interest. I say clearly traced, for the general fact had been long since pointed out, although the subject was not precisely understood. That is, it was in the same situation as many other parts of pathology; affording an indistinct view of the truth, but without that well-defined character which is now required, according to the rules of rigid logic applied to the study of pathology. The line of connection has only been drawn in a definite manner, for a few years past, between acute articular rheumatism, and endocarditis, or inflammation of the lining membrane of the cavities of the heart, and pericarditis, or inflammation of the membrane surrounding it. Dr. Bouillaud, of Paris, has paid particular attention to this subject; he tells us that at least one half the acute articular affections are complicated with pericarditis. In this estimate he is probably wrong, unless with pericarditis we are permitted to include endocarditis. A large number of mild cases, doubtless, run their course without any complication of the kind, but it is usually otherwise when the disease appears under a severe type. Mild cases are slow in their action upon the heart, but, in the severer forms, the advance is rapid, and disease of the heart succeeds almost immediately after the first appearance of the articular symptoms. In chronic cases, the progress of the cardiac affections is slow, and an individual not well acquainted with the disease might be deceived as to the fact of its existence.

We have thus traced two forms of the disease, and I propose bringing under your notice two cases now under treatment in the Philadelphia Hospital, to exemplify them.

The first is that of John Robb, who was admitted into the ward No. 2, on the 11th of April. Previous to his admission he had been ill but a short time; being an inmate of the Alms-house, he was able to resort to medical assistance quite as soon as is usual in private practice. He had been working on the farm of the establishment for eight months previous to his attack, and had enjoyed good health. On the morning of the sixth he complained of slight pains in his shoulder, but continued at work; at eleven, P. M., he was taken with severe pain in the hip, which lasted four or five hours, and then, diminishing in the hip, went to the knee. On the seventh it ceased in the right knee and went to the left.

Now, from the character of the affection, thus shown, we can, without going farther, make our diagnosis. I allude to its metastatic character, as exhibited in its leaving one joint and settling in another. This is distinctive of rheumatism.

There was no pain in the ankles, but there was slight pain near the toe. You here mark the course of the disease onwards; it has reached the toe, and showed a disposition to attack the foot. There had been pain in the right wrist, from an hour before the man's entrance into the hospital. On the ninth and tenth he had pain in the breast, which he referred to a spot below the præcordia, in the region of the diaphragm, and which lasted twenty-four hours, and was increased by coughing. Such pain is usually owing to disease of the heart, which may be merely muscular, but is more frequently caused by inflammation of the serous membranes, lining or covering the heart.

This man had been exposed to no causes of disease, other than those which he was in the habit of encountering. He had, it is true, been wet while working on the farm, but this was not uncommon with him; he had been long accustomed to working in the rain. This shows how cautious we should be in admitting causes of disease. Some physicians might be disposed to attribute the attack of rheumatism to the last wetting, which could manifestly exercise no greater influence upon the man than a series of previous exposures to the same cause, of no recent standing. I look upon the particular season of the year as the immediate excitant of the disease, and it is for this reason that I have thought it a fitting subject to bring before you, at the opening of my course. If you take the trouble to inquire, you will find that, at this time, the prevalence of rheumatism and rheumatic pains is remarkable.

The case before you being of an acute character, its previous history is not nearly so important as the present state of the individual. It is otherwise in chronic affections, in which the whole anterior history is all-important.

The condition of the patient, at the time of his admission on the eleventh, was as follows. The face was slightly flushed, and presented an expression of pain. This pain, in acute rheumatism, is remarkable; it usually prevents all exercise and confines the patient to bed.

There was slight soreness in the shoulder, but without swelling or heat; no pain or swelling in the left arm, slight soreness in the right elbow, and severe pain, swelling and heat in the wrist. The same pain, swelling, and heat, extended to all the joints of the hand and fingers, excepting the thumb. There was some pain in both knees, especially in the left; none in the ankles; a little in the right hip; no tenderness of the spine; no cephalalgia; tenderness on pressure along the region of the ribs; this was probably the remains of the diaphragmatic pleurisy. The impulse of the heart was feeble, the second sound nearly lost, the first much roughened, a dullness on percussion nearly natural. Treatment, one grain of opium every four hours. The digestive organs were healthy.

Now, let us analyze this case. The first fact worth recollecting, is the absence of tenderness of the spine. This establishes the diagnosis between rheumatism and neuralgia. Hence, the mode of treatment which proves so excellent in the latter affection, may here fail. The state of the heart indicated merely slight valvular disease, and some muscular impediment; there was no effusion, the dullness on percussion being natural, and no creaking sound being heard.

The treatment in this case was after a plan of practice in New England, from which quarter it has been lately strongly recommended; the internal administration of opiates, pushed till felt by the patient.

During the twelfth six grain pills of opium were exhibited, but there was no diminution of pain. Neither sleep nor cephalalgia had been induced by the opium. This is an important therapeutic point, demonstrating the antagonizing action which pain exerts in regard to the effects of opium. The first sound of the heart was still rough, but the impulse rather less; no increase of flatness. The state of the heart was, therefore, slightly improved. Pulse eighty-four, of moderate size, and regular; a grain of opium was ordered every two hours, and a laxative enema administered.

On the evening of this day there was some cephalalgia, although no deviation of the pupils from the natural state. The dose of opium was diminished to a grain every three hours. Sleep was interrupted by twinges of pain; sweating at night. Eruption of sudamina; pulse seventy-two; pain in right arm increased and extending to the shoulder. Less pain and swelling in the knees, but increase of both in the feet. The action of the heart was more regular and feeble, and the sound less rough. The disease, you perceive, was not in any manner arrested, although you note a decided improvement in the condition of the heart. There was costiveness from the opium, but this, you will soon see, disappeared. Same prescription of opium continued during the thirteenth; hop poultices to most of the painful joints; laxative enema.

On the fourteenth, the pain having diminished throughout the right arm, began in the left hand and wrist. Here is another point of interest; the translation of the pain from the right to the left limb by metastasis. This is a common thing in articular rheumatism, and, as in this case, the pain does not usually quite cease in one joint, before it begins in the other.

There was slight pain between the shoulders, and diminution of the pain in the knees and feet; pulse seventy-six, fuller and regular; this is somewhat an exception to its usual condition in the disease, it being frequent, small, and quick. Skin warm and dry; sleep very irregular; tongue moist, with a yellowish coat; appetite bad; thirst; three or four stools since the enema; the opium had, therefore, induced no costiveness. No cephalalgia or dizziness; slight flush; eyes natural. Opium continued, hop poultice and laudanum to the left wrist.

On the fifteenth, the left hand was worse, and there was pain in the sole of the right foot. The other pains were better; moisture rather than sweating. Opium continued.

The sixteenth, less expression of pain, and less flush; soreness in both shoulders, with slight swelling, but not much constant pain. Slight soreness of the left elbow; much swelling, pain, and heat of the left hand; right hand nearly free from swelling, still slightly painful, but motion returned; pains much diminished in the legs; pain at the ensiform cartilage; palpitations frequent after slight exertion; pulse seventy-two, and soft; decided roughness, almost rasping, in the first sound of the heart, which was not very loud, and heard most distinctly to the left of the nipple; second sound nearly lost. Under the sternum, both sounds of the right side distinctly heard and clear. The first only a little roughened. The præcordial dullness commenced only at the left margin of the sternum, and extended to the nipple. The morbid alteration was, therefore, confined to the left side of the heart, implicating the valves; there was, besides, effusion into the pericardium. The opium pills were continued during yesterday and last night every three hours. Hop poultices.

Last night the pupils were somewhat contracted, and little sensible to the light. To-day the face was flushed, and presented an expression of stupor. Disposition to sleep; pupils rather large; no cephalalgia; sleep interrupted by pain shooting from the swollen joints. Pulse eighty-eight—softer. Swelling less marked in the left hand. Slight swelling and pain in both knees. No pain in the breast. Impulse of the heart almost lost; both sounds very feeble, without roughness. The disease of the valves is, therefore, diminished. Percussion slightly dull at the upper portion of the left side; flat, down from the third rib, to the same extent as yesterday. Prominence obviously increased. These latter signs are explained by the increased effusion into the pericardium. Still slight diarrhœa; three or four stools in the twenty-four hours. Skin moist, without swelling. A grain of opium every four hours.

This case, gentlemen, of acute disease of the heart, occurring in articular rheumatism, may serve as a type of the affection, which I shall now make the subject of some general remarks, and have occasion to refer to hereafter. There are several peculiarities to be alluded to. In the first place, the changeable character of the affection, shifting, as you have seen it, from joint to joint, denotes the nature of the disease. This is well understood, and universally admitted. But I would have you remark, there was no *metastasis* to the heart. The disease of the

heart appeared, during the most acute stage of the rheumatic fever, which afterwards continued with unabated severity. By physical examination, we ascertained that the pain in the præcordial region proceeded, first, from disease of the valves, indicated by the roughness of the sound; secondly, from effusion, shown by the unnatural dullness on percussion, imperfect action of the heart, &c.

Another symptom to be noticed, is the sweating, which was very slight from the first or second day, although it is generally very severe in acute rheumatism. It is this sweating in rheumatism which has suggested the employment of Dover's powder, and other sudorifics, in its treatment. In this case, opium was alone resorted to, to afford a better test of the powers of the remedy.

The diarrhœa is another feature worth remarking, co-existing, as it did, with the large doses of opium. It was a purely accidental complication, but its occurrence demonstrates that opium, in very large doses, does not produce the same effects as in ordinary doses, thus illustrating a therapeutic law, that remedies, in over doses, do not act upon the system in the same manner, as when administered in the usual quantities. Were it not for this law, patients would die from the action of certain remedies now frequently prescribed. How could tartar emetic be given in the high doses required by the contra-stimulant practice in pneumonia, or calomel, as it is prescribed in the diseases of certain sections of our country?

The pathology of the disease under consideration is still very obscure, although its symptoms are well understood. How much of the disease is like neuralgia, or connected with an affection of the nervous system, and how much belongs to local inflammation, are points that are still unsettled. It is, in this respect, analogous to whooping cough, and some other diseases. We are just as much in the dark, as to effectual curative means for arresting the progress of the affection, though we have any number of palliatives. For the present I refrain from expressing an opinion as to the pathology of rheumatism, but shall consider it partly as nervous and partly as inflammatory in its character. Certain inflammations of internal organs which occur in rheumatism, such as pericarditis, lose this doubtful character, and become decided phlegmasiæ; they are accordingly treated without reference to the disease of the joints. When the complication of pericarditis proves fatal, and the opportunity, otherwise rare, of examining persons who die with rheumatism, is obtained, there is almost a total absence of lesion in the joints; but the pericarditis offers the same characteristic appearances, as if it had been induced by exposure to cold, or injury, or some other ordinary cause. The affection of the joints depends so much on a nervous cause, that it presents very slight traces of inflammation. It never terminates in suppuration, or the other usual terminations of inflammation. Dr. Chomel states, that pus is not found in rheumatic joints; the very rare cases in which it is met with, he considers to be mere accidental complications. This opinion, if somewhat modified, is probably the correct one; that is, rheumatic differs from ordinary inflammation in the absence of pus, and its want of fixedness of position. Not so with the accompanying in-

ternal inflammations; they result in the secretion of pus, and effusion of lymph, and are fixed in their locations.

If the pathology of the disease is obscure, equally so are the therapeutics, it being more than doubtful that we possess any exclusive available method of treatment. This subject is very clear, no doubt, to some authors; but, unfortunately, practitioners generally are in the dark. Thus Bouillaud, who regards the affection as merely inflammatory, depletes to the utmost possible extent; and for this exaggerated depletory practice claims great success. His success may have been great, but others who have followed the practice, perhaps without the same enthusiastic confidence, have not been so fortunate. I have given the practice a very fair trial, with every disposition to see it succeed, and, although I afforded relief by one or two moderate bleedings, if persisted in, the result was unfavorable; if pericarditis was present, it was only partially relieved, while the rheumatic affection of the muscular substance of the heart always increased. We thus merely return to the old practice of one or two bleedings at the commencement of the affection; a practice the utility of which is sanctioned by long experience.

Another practice, originating, I believe, in New England, and recommended by Dr. Webb, of Providence, is that which has been followed in the present case—consisting in the administration of very large doses of opium. I have tried it in two cases, in both of which it failed. It succeeded in stupifying the patient, and rendered him less sensible of pain, but produced no decided impression on the disease. It did not prevent the change of place, nor did it remove the pain or swelling. These symptoms persisted, and retained their usual mutability of character. Last summer I pushed the remedy to such an extent as to induce decided narcotism, yet I failed to cut short the disease. The remedy may occasionally obtain the success which is claimed for it, but it is clearly no specific.

Sudorifics are the treatment adopted by some, from a notion that artificial sweating is but an imitation of the curative process of nature. This is certainly not the case; for the sweating is most profuse, while the violence of the disease is persisting. If, however, this discharge be suppressed, from cold or any other cause, it will be proper to resort to sudorifics, to revive this natural secretion, and restore to the patient what he has been deprived of.

Other remedies have been recommended, as narcotics and purgatives, particularly the colchicum, and, what is analogous to it, the veratria. The colchicum is used in this country and in England, but is not much employed in France. It is very useful as a palliative, though far from being absolutely curative. I have seen it stop the severer symptoms of the disease, for as much as five or six successive days. I use it at the hospital in an uncombined form, preferring, as I do, the administration of simple remedies, particularly in hospital practice, to insure their accuracy of administration, and to enable us to judge of their effects. By giving the wine of the roots or seeds, alone, we may avoid the severe purgation resulting from Scudamore's mixture. Purgings may be of service, if the patient can readily bear the motion necessary for

the evacuation of the bowels. But the disadvantage attending frequent rising, is apt to more than destroy the good arising from the revulsive effects of the purging. In medicine, as well as in surgery, inflamed parts must be kept at rest.

These views, as to the effects of remedial agents in rheumatism, differ but little from those of Dr. Chomel, who, perhaps, has more than a due share of scepticism, in relation to therapeutics. It is true, however, that, when diseases, after running a certain course, get well of themselves, they are apt to deceive us as to the value of the remedies employed in treating them. This, I think, is the case with Drs. Bouillaud and Webb. For the opinions of the former of these physicians on this subject, I refer you to the Select Medical Library; and for Dr. Webb's, to the Boston Medical and Surgical Journal, for last year.

I am not disposed to enter into a history of all the different sorts of medications, which have been recommended in rheumatism. Of external applications, cups to the spine, as a counter-irritant, is a most valuable palliative; and, if the neuralgic element of the disease predominates, cupping along the spine will sometimes produce a real arrest of rheumatism. But when the joints are the principal seat of the disease, in most cases much is not to be expected from cups or leeches to the spine; they do better near the joints. Other applications to the parts are directed for the benefit of moisture and warmth. For this purpose, anodyne poultices are useful; none are better than one of hops, steeped in hot water, or vinegar and water, sprinkled with a little laudanum. These are very convenient applications, but cannot be accommodated to all the joints. Opiate frictions may be used, as with a mixture of warm oil and laudanum. I refrain from lead water, or spirituous, or other stimulating embrocations, as the danger of the internal affections, endocarditis, or pericarditis, is somewhat increased by driving the affection from the joint. This practice must be reserved for the sub-acute variety of the disease.

Other local applications of a soothing character may be resorted to, such as the experience of every practitioner will suggest. In the North there are other remedies, the virtues of which are much extolled, such as the green hellebore, *actæa racemosa*, &c. These plants have been tried here, but without the success which is claimed for them. This want of success may depend on our obtaining them only in the dry state, in which their virtues are impaired. But I cannot believe that this is the sole cause of failure; for the most decided action of the remedies will sometimes be produced, without curing the disease.

Though not immediately dangerous, few affections are ultimately more mischievous than acute rheumatism. Diseases of the heart are so apt to originate with it, and to continue after its cessation, that we must hail any plan of treatment, likely to exercise a curative influence over it. I have, therefore, tested the opiate practice, as the last which has been recommended, watching very carefully its effects. I certainly pushed it as far as was prudent; I was not warranted in giving more than one grain every two hours, particularly, as I could not see the patient after each dose, a precaution which is always advisable when giving high doses of opium.

In other cases of the disease, I am willing to try other modes of treatment, which are highly recommended, although I fear that they are all merely palliative, and as such only may do good; at last, we may find some one more efficacious than the others. I am doubtful as to immediate success, though strong in hope. I cannot help agreeing with Chomel, sceptical as he is generally, in believing inflammatory rheumatism an affection not to be cut short by remedies, after having seen so much protracted suffering from it; even in the case of physicians, who were treated under the most favorable circumstances, it has been prolonged to four or five weeks and upwards.

What is the natural duration of acute rheumatism? It is not precisely fixed, but is scarcely ever less than two weeks, and may last for five or six months; at least, the immediate effects may continue so long. Like most diseases, that run a determined course, it averages two or three weeks.

Of the second patient, whom I mentioned, my time will allow me to say little or nothing. He offers signs of disease of the heart, different from the last, chronic dilatation and slight hypertrophy, without disease of the valves, the sounds not being at all roughened. There is effusion into the pericardium, indicated by the increased dullness on percussion. Further details I reserve for another occasion.—*Medical Examiner*.

VARIETIES, OR ANOMALOUS DISEASES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—An unexpected call, or change of residence, has prevented a proper fulfilment of my promise to yourself and to your valuable Journal. A letter from your esteemed correspondent and agent, Dr. W. A. G., has been received and answered. A constant failure in making collections, and the confused state of our *monetary* concerns, constitute my apology for delay in payment, which I hope and trust will in some degree modify your feelings towards me, though I acknowledge myself justly bound to pay you the *increased charge* for your paper. The advantage I derive from your Journal, joined with my present determination to support it, as much as in me lies, I trust, will yet prove me a more punctual correspondent.

In this communication I send you the *first* of *three* cases, which have lately occurred in this neighborhood, and which have been considered *anomalous* in their nature and character. Accompanying this, or by the same mail, I shall send you the *second* case, and which, you will perceive, is analogous to a case communicated from Stafford Co., relative to an extraordinary tumor, which also terminated favorably. These two cases I give you in the very words of the principal attendant practitioner, a gentleman of the most unquestionable attainments and skill in his profession; fortified, also, by the attendance and opinion of one of the most scientific or thorough-bred physicians among us.

I seize upon the little space that offers, to inform you of another

instance of success in the use of *creosote*. A man's hand being badly lacerated in a machine, and the hæmorrhage being profuse, and no means at hand being sufficient to stop it, creosote was applied, and proved instantly effectual in checking the flow of blood. H. F.

“Late in the month of December, 1837, I was sent for to see Mrs. C——, of Westmoreland Co., Va., who, a week or ten days previous, had given birth to a child. Mrs. C—— was the mother of several children, and had always enjoyed a good share of health. I found her, as I believed, by no means seriously indisposed; a slight fever, some thirst, pain in the head, and a want of sufficient action of the bowels, were the prominent symptoms. Her milk had begun to flow, and the child had been put to the breast. I directed 7 grs. sub. mur. of mer. and 5 grs. of nitrous powder, to be given at bed-time, to be followed next morning by a dose of castor oil, and a blister to the back of the neck, provided the pain continued after the operation of the medicine. So little danger did I apprehend, and so confident was I, that under this treatment she would get well without further medical aid, that I told her anxious husband that I did not think it necessary to repeat my visit, but requested that if, in the mean time, any untoward symptoms should arise, he would then let me know, and I would visit her again.

“Nothing further did I hear for four or five days, when her husband sent me word that she had been considerably better and able to walk about the room, but had been taken worse, and he would be glad if I would come and see her. I did so, and discovered, with the exception of the pain in the head, of which she had been entirely relieved, the symptoms were in other respects identically the same. I repeated the calomel and nitrous powders, directing it to be followed, as before, by a cathartic, and remarked that in two days thereafter I would call again. At the appointed time I did call, and to my great satisfaction found an improvement, *as I supposed*, in all the symptoms—fever having subsided, pain in the head relieved, constipation overcome, and the patient, to all appearance, rid of suffering and anxiety, and out of danger. On entering the room, she raised herself, extended her hand, with a countenance expressive of ease and cheerfulness, and told me she was then nearly or entirely well; but for a pain in the calf of the leg, which she could scarcely feel except on pressure, *she should be well*. I proposed an examination; to which she objected, assigning as a reason, that it was not of sufficient consequence; but on my saying it would probably be proper to do so, she consented. I could perceive no swelling, no redness, and only, as she had said herself, *pain on pressure*. The pain appeared to be muscular. I advised the application of warm vinegar by means of brown paper, and also opodeldoc or camphorated spirit, and, on leaving her, directed that should the pain appear to ascend and the limb become inflamed and tumefied (an occurrence I did not anticipate), to send and let me know. I never left a patient with less expectation (though I gave such injunctions) that my professional services would be again required. The next morning a messenger was sent in pursuit of me, who informed me that his mistress was considerably worse, with a re-

quest that I would visit her immediately. I did so, and found that though she was perfectly collected, and her countenance natural, respiration was hurried and diaphragmatic, and pulsation in the radial artery had ceased. I at once expressed my apprehensions to her husband, and desired him to send without delay for Dr. M——, one of our most eminent and scientific physicians. On prosecuting the examination further before Dr. M—— arrived, I learnt that the night before, and in about two hours after I left her, she was seized with the most excruciating pain in the leg, which immediately began to swell and turn perfectly black. The facts were but a lamentable confirmation of the statement given me, and a fulfilment of my apprehensions. I found the leg had increased to double its natural size, was then discharging, and had already discharged from a half to one gallon of blood, and that *through blisters upon the surface*; and strongly threatened, if it had not already reached its incipency, a termination in *gangrene*. Dr. M—— arrived. To him, as to myself, the case was new and *anomalous*. At first we conjectured it might be the rupture of an aneurism. But not being able to discover any orifice through which the blood could issue, this conjecture was relinquished, and we were left in the dark as to the origin of the hæmorrhage and the rapid and unexpected termination of the disease. We had the limb enveloped in a poultice of charcoal, carrot and red oak bark—applied a blister above the mortified part—gave wine and quinine and the mineral acids; but all to no purpose. We met at 10 in the morning, and she died at 11 o'clock at night.

“This clearly was not a case of *phlegmasia dolens*, that disease being slow in its progress, and always attended with an œdematous enlargement of the limb. *Was it connected in any way with the state of the system?* This is our inquiry, and it is deemed of the highest importance. The symptoms are minutely detailed, and now submitted to the medical public. The case, it would seem, is not void of interest, and if we succeed in directing to it the attention of the profession, and any practical good thereby shall result, the end we have in view, in making this communication, will be attained.”

Westmoreland Co., Va., April 12th, 1838.

P. S.—In pursuance of my design (made known to you some time since) in regard to botanical research, I would here remark, that I have found the *balm of Gilead tree*, or *balsam tree*, growing in this county to perfection, and it seems may be as useful in materia medica as ever it was in the land of Gilead or the plains of Jericho. A green twig or small branch, inserted in the ground, will grow and flourish.

HIGH MORTALITY OF FOUNDLINGS BROUGHT UP BY THE HAND, COMPARED WITH THE MORTALITY OF THOSE SUCKLED.

NUMBER of foundlings at Parthenay, 153; died in one year, 54; deaths out of 100 born, 35.

Number of foundlings at X——, 244; died in one year, 197; deaths out of 100 born, 80.

Of 655 children received at X——, only 66 lived 12 years.

Struck with the enormous mortality at X—, the Abbé Gaillard ascertained that the children were equally well attended at the two places, but that at X— the children were brought up by hand, instead of being suckled, as at Pathenay. The greater number of deaths at X— took place in the first month after birth ; and the mortality was at a maximum in autumn, a fact confirmed by many years observation at X—, and other establishments, where the children are not supplied with natural food.

Months.									Deaths, 0—30 days.
December	-	-	-	17	-	-	-	-	7
January	-	-	-	16	-	-	-	-	5
February	-	-	-	28	-	-	-	-	3
March	-	-	-	23	-	-	-	-	9
April	-	-	-	20	-	-	-	-	6
May	-	-	-	18	-	-	-	-	7
June	-	-	-	18	-	-	-	-	3
July	-	-	-	18	-	-	-	-	10
August	-	-	-	30	-	-	-	-	26
September	-	-	-	7	-	-	-	-	4
October	-	-	-	29	-	-	-	-	22
November	-	-	-	20	-	-	-	-	14

From this table it appears that of 244 children brought to the hospice in five years, 116 died in the course of the first month=48 per cent. ; that of 123 children born between January and June, 33 died in the first month ; while 83 died out of 121, born between July and December. In the first months of the year the mortality was 27, in the last six months 67 per cent. ; of 100 children born between January and June, 73 survived the first month ; between July and December only 31 survived.

The mortality is raised by extreme cold ; in November and December, 1829, out of 29 children admitted, 19 died in the first month after admission ; in July and August of the same year, 11 died in the first month out of 25 admitted.

These facts show very decidedly the evil consequences of denying infants their natural food, and furnish another argument against the fatal practices of those heartless mothers who abandon, or refuse to suckle their own offspring.—*From Recherches sur les Enfants trouvés, par M. L'Abbé Gaillard.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 9, 1838.

A MINERAL NOSE.

DR. HARWOOD, an eminent dentist of this city, has certainly accomplished something new under the sun ; he has made an artificial nose for a

shockingly deformed young man, belonging to Spencer, in the County of Worcester, which can hardly be distinguished, on pretty close examination, from a genuine nasal organ. When the patient was six weeks old, while lying upon his back in the cradle, a spark from the fire ignited the cloth spread over his face, which was so horribly burned that the entire nose, even to the ossa nasi or bridge bones above the cartilage, sloughed off level with the cheeks. The expression of this unfortunate being, now perhaps twenty years of age, was disagreeable in the extreme. He came to Boston, ostensibly, we understand, for undergoing the Taliacotian operation; but the breadth of surface between the eyebrows and hair being rather small, Dr. Lewis, who was consulted, was convinced that the chance of success was a limited one, and he therefore recommended him to allow Dr. Harwood to attempt a plan, altogether new in this country, of constructing an artificial nose, of a mineral substance commonly used in dental surgery for artificial gums. The ingenuity of this gentleman has surpassed the expectations of those who have watched his benevolent exertions. The new nose is superior in appearance to those usually constructed by the Taliacotian method. But separately from this consideration, the patient has been saved from a series of protracted sufferings under the knife; and, on this account, every friend of humanity will rejoice in the success which has marked the undertaking. In order to keep the new facial apparatus always snugly in place, a pair of spectacles are indispensable accompaniments. For the sake of others, it obviously devolves upon Dr. Harwood to favor the professional public, at least, with a detailed report of the manner in which this important artificial appendage of the face was fabricated and kept in proper position.

MEDICINE IN TURKEY.

ALTHOUGH a translation of Dr. Oppenheim's essay on the state of medicine, and on the prevailing diseases of European and Asiatic Turkey, appeared some months ago in a foreign publication, and, in an abridged form, recently appeared in Dr. Bell's *Eclectic Journal*, it will bear still further circulation. Notwithstanding a free correspondence with men of intelligence, physicians, missionaries, and those who have long resided in Turkish cities, and who have been supposed to have had uncommon opportunities for gaining an intimate knowledge of the native practitioners, and the real state of the science of medicine, Dr. Oppenheim has revealed more than was ever before known on the subject, and at the same time explains the true cause of the low ebb at which medicine stands—and, finally, shows himself to be a man of great prudence as well as indomitable perseverance.

“The practitioners of medicine in Turkey are of various kinds and orders—Turks, Greeks, Jews, and Franks or Europeans. The native, or Turkish doctors, are, to a man, ignorant of the first principles of medical science, and the slaves of the most blind empiricism or grossest superstition. Anatomy is totally unknown and unpractised, and must be so while the existing religion is strictly maintained. To the Turks, however regardless of life, every dead body is sacred. The opening of dead bodies is expressly forbid by the Koran, ‘even should the dead person have swallowed the most costly pearl, which did not belong to him.’ There is admitted no exception to this, except in the case of a

pregnant woman dying while the child gives signs of life ; in which case the Cæsarean operation is permitted. The present Sultan, it is true, has had published, by special command, a large work on anatomy and medicine, containing numerous anatomical plates ; but we are told by Dr. Oppenheim, that even this imperfect substitute for dissections is not known to a single practitioner in the empire, except the immediate pupils of the school recently established in Constantinople."

It seems that, honorable as the Turk is proverbially said to be in all mercantile transactions, when it comes to the matter of health, his dishonesty is equally characteristic.

"The sick Turk promises much, but the cured one pays little. (*Medicis in morbis, &c.*) He rarely pays for anything more than the medicine ; and, as the physician most generally makes that up himself, he regulates his charge accordingly. If the patient dies, there is but little chance of the physician receiving anything for his trouble ; and, if he recovers, he soon forgets both disease and doctor. These remarks, however, apply only to the native practitioners ; the Frank or European physician is almost always adequately remunerated, though the Turk does not reward the skill of the physician, but only pays for the actual labor bestowed on him. This is sufficiently indicated by the name given to the physician's honorarium (*Ajakderesi, foot-money*), which is put into his hand, on his departure, by the patient's servant, and amounts generally to a half or a whole *marmudié*, a gold coin worth from twenty to forty Turkish piastres, and equal to from two to four of our German dollars (from five to twelve shillings, English) ; besides this, the physician's servant, in most cases, receives as *bakschisch* (drinking money), a *barbut*, the least Turkish gold coin, and equal to about six German groschen (about one shilling, English). When these *Ajakderesi* are not tendered on the first or second visit, the physician does not repeat the visit till his fees have been sent him, and he is again invited to renew his attendance. In many cases, also, the attendance is not paid for till after the cure, which is particularly the case in attendance at the harem.

"In important cases, particularly in such as require energetic measures, or in cases of surgical operations, specific bargains are made, and these are sometimes settled in presence of the *cadi*. In cases of this kind, the physician engages to cure the patient within a given time, for a stated sum to be paid to him after the recovery. In these cases, the Turks are constantly cheated by the Greeks, as they refuse to delay the payment till after the cure, and insist on receiving a third or even the half of the stipulated sum in advance, well knowing that the chances are, not that the patient will recover, but that he will die, and that the doctor will then lose any unpaid part of the sum agreed on."

The sacredness of the harem is such, that Dr. Oppenheim's account of his own feelings and observations will be read with interest.

"Like every one else, I was extremely anxious to judge from experience of the beauty of the Circassian and Georgian women, who are brought in their earliest youth to Constantinople to be sold, and thence sent into every part of the Sultan's dominions, either to perform the menial offices in the harems, or to bear children to their lords. I was also very desirous to see the interior arrangement and management of these female colonies ; and fortune soon afforded me an opportunity of satisfying my curiosity. The favorite wife of the *Kiaja-Bey* (commercial agent) of the governor of Adrianople, had been sick for three days, and the Pasha, who placed implicit confidence in me, declared I could

most certainly cure her, if permitted to see her. The Kiaja-Bey, to whom I was not personally known, sent to request me to accompany his Harem-Kiaja, a black eunuch, to his harem, which lay at more than a quarter of a league from his house. We proceeded to a low door, which was opened on our knocking, and were admitted into a garden : here I found an airy pavilion, the coolness of which was preserved by a magnificent fountain and cascades. In this delightful spot I was invited to rest, and served with coffee and a pipe, while my arrival was announced. After a delay of a quarter of an hour, I was conducted through the garden to a second door, where I was received by a veiled woman, the superintendent or portress of the harem, who likewise conducted me through a garden into the building appropriated exclusively to the use of the women ; when a number of slaves and children, white and black, crowded round me with eager curiosity, or peeped from behind the curtains. At last the sick chamber was opened to me ; a neat little apartment with red furniture and closed curtains. The fair patient was lying on cushions arranged on the carpeted floor, close to an ottoman, and covered from head to foot with a white cloth, in such a manner as to leave the beholder in actual doubt of her presence. I was directed to take a seat on the ottoman nearest to the head of the couch, and all the curious attendants were dismissed, leaving in the apartment, besides myself and interpreter, only the two children of the sick lady, of four and five years of age, and an old nurse. The patient answered my questions through the veil without hesitation or prudery ; even such as would not have been considered by young ladies in Europe as very agreeable. When I expressed a desire to feel her pulse, two pretty white hands were protruded from under the covering ; and, when I asked to see her tongue, the patient slightly raised her veil, yet in such a manner as to allow me to obtain a glance of the features of a most lovely brunette, that could scarcely have reached her twentieth year. She, however, instantly after shrunk back under the drapery, like a snail into its shell, and requested I would now leave the room, and address any further questions to the nurse, who was well acquainted with her state. I was consequently conducted by the nurse into the *selamlick*, the antichamber of the master, and I was again treated with coffee and a pipe."

If possible, we shall make room for a few more extracts at some future period.

A New Magnetic Electrical Machine.—A short time since we noticed briefly a new machine of this description, of surprising power, invented by Dr. Charles G. Page, of this city. He has since shown us another new form of this instrument, operating upon an entirely new principle, based upon a discovery made by him some months since. The machine is very simple in its construction, and though of small dimensions, exhibits some of the most brilliant and pleasing illustrations in the whole routine of galvanic science. The machine is convertible at once from a superb magneto-electric machine, into a rotary electro-magnetic engine, revolving with astonishing rapidity. The whole operation is produced by a small electro-magnet, weighing half a pound. The shocks from this magnet are so intense that a person standing in the vicinity of the apparatus receives it through the floor. This instrument presents the application of three original discoveries made by Dr. Page, viz., a new method of applying electro-magnetism as a moving power ; a magnet of

superior power and new construction, called by him the Compound Electro-Magnet ; and, lastly, the method of increasing, to a great degree, the magnetic electrical properties of a magnet thus made. Among other wonderful results from this arrangement, is the production of shocks and sparks, by the simple application of a lamp to a piece of bismuth and antimony. We had the pleasure of witnessing this instrument at the shop of Daniel Davis, Jr., philosophical instrument maker, No. 11 Cornhill, who prepares a very neat magnetic machine for the application of galvanism as a remedial agent, which we would recommend to our medical brethren who place confidence in the use of galvanism as a stimulus. This instrument exhibits such a striking advance above all other productions of a like nature in this country or in Europe, that we apprehend it will be viewed with no small degree of interest by the lovers of science throughout the world.

Compliment to Dr. Rodgers.—The pupils of Dr. David L. Rodgers, of New York, have complimented him in a way that must have been gratifying to his feelings. A pair of elegant silver pitchers were presented to him a few days ago in the saloon of the Astor house, in the presence of a select number of friends. From the character of the address delivered on the occasion by Dr. Archer, Dr. Rodgers must be greatly beloved by those who have had the happiness of being under his care in pursuing the study of medicine. Dr. R. retires from practice, having purchased an estate near Geneva lake, which he intends to make his future residence.

Medical Miscellany.—The Governor of Maine has authorized Dr. C. T. Jackson to continue the geological survey of the State ; and Dr. Stevenson, of Portland, has been appointed assistant geologist.—A volume on Medical Jurisprudence, by J. Ray, M.D., is in course of publication by Little & Brown, of Boston. Dr. Dunglison, also, has a new work in press.—Sulphuret of lime has been much used, of late, in diseases of the skin, in Liverpool.—The medical school of Maine is exceedingly prosperous at this time. The number of students attending lectures is seventy-seven.—The annual meeting of the Boston Medical Association was held at the College, Mason Street, on Monday last.—Havana is represented to have been remarkably unfavorable for invalids the past winter. It is thought more foreign sick visitors had died in the time this unfortunate class of visitors usually reside there, than ever occurred before in the same period of time.—Croton oil has been successfully employed, as an external application, in laryngitis complicated with bronchocele.—A case of incessant vomiting, during pregnancy, which terminated fatally, from actual starvation, in the fourth month, recently occurred in the practice of Dr. J. Johnson, of London. Creosote has been of great service in less severe cases of the same nature.—Dr. Luzenberg, of New Orleans, lately performed the operation for cataract on a female Seminole prisoner who was born blind. The blessing of sight was immediately enjoyed by the patient.—The yellow fever is again said to be prevalent at Havana.—M. Magendie has been very successful in treating tic douloureux by electricity. He passes the current over the nerves affected by means of platina needles. In some instances one single application has cured the patient. Six trials perfectly restored a lady who had suffered dreadfully for three years.

TO CORRESPONDENTS.—Dr. Comstock's report of a case, and Dr. Toothaker's communication on medical botany, were received too late for this No.

DIED.—At Newberry District, S. C., Dr. Elijah Gates, a native of Massachusetts, and graduate of Harvard University.

Whole number of deaths in Boston, for the week ending May 5, 34. Males, 22—Females, 12.

Consumption, 5—dropsy on the brain, 2—teething, 2—rheumatism in the stomach, 1—scarlet fever, 5—inflammatory fever, 1—inflammation of the lungs, 2—disease of the brain, 1—erysipelas, 1—apoplexy, 1—inflammation of the brain, 1—marasmus, 1—suicide, 1—delirium tremens, 1—cholera infantum, 1—dropsy in the head, 1—dropsy on the chest, 1—fits, 1—old age, 1—cholera, bilious, 1—inflammation of the stomach, 1—stillborn, 4.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	- - -	DR. WARE.
On the Principles and Practice of Surgery,	- - -	DR. OTIS.
On Anatomy,	- - -	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 18—tf

RETREAT FOR INVALIDS.

The profession is respectfully informed that Dr. A. H. Wilder has purchased a large and convenient house in the pleasant town of Groton, Mass., likewise suitable carriages, horses, saddles, &c., for the accommodation of nervous invalids.

A18—m20s

TO MEDICAL STUDENTS.

The undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

MEDICAL INSTRUCTION.

The subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

Springfield, January, 1838.

Jan. 17.

JOSEPH H. FLINT.

SARLANDIERE'S ANATOMY.

SYSTEMATIZED ANATOMY, or HUMAN ORGANOGRAPHY, in synoptical tables, with numerous plates, for the use of University Faculties, and Schools of Medicine and Surgery, Academies of Painting, Sculpture, and the Royal Colleges. By the CHEV. J. SARLANDIERE, D.M. Translated from the French by W. C. Roberts, M.D.

A few copies of the above for sale at Ticknor's, corner of Washington and School streets, at one half the original subscription price.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVIII.]

WEDNESDAY, MAY 16, 1838.

[NO. 15.]

VARIETIES, OR ANOMALOUS DISEASES (CONCLUDED).

To the Editor of the Boston Medical and Surgical Journal.

SIR,—“In order fully to investigate any subject with advantage,” says the worthy Dr. Abernethy, “a great deal of collateral knowledge is required, which serves, like light shining from various places, to illuminate the object of our researches.” I can never assure myself that any effort of mine will throw light on the subject or object of *tumors*, since it has been treated by the ability of an Abernethy, a Baillie, and a Warren; and yet I feel constrained to throw my little mite into the common stock of *varieties*, with the fond hope that, if it does no more, it will induce some one to do the same. In calling two or three diseases *anomalous*, I only mean to signify that such is their character, as at present advised by the symptoms and the final result. In regard to the *first case* (see last week’s Journal), we should be inclined to pronounce it a case of *phlebitis*, were it not for the peculiar symptoms attending it. We do hope, at least, that it will elicit inquiry on the part of some of your able correspondents. The *third case*, which is also sent you, is one of a different description, being a case of *rabid appetite* and *rapid emaciation*, but at present hopefully recovering.

CASE 2. “Some time in September, 1837, I was called to see Mrs. I., and on examination I ascertained that, about three weeks previous, she had been attacked with pain in the vicinity of the left kidney and spleen. As the pain continued for several days, with little or no abatement, and her husband became solicitous of medical aid, the family physician (Dr. C.) was called; who, being at a loss for the locality of the disease, believed that it proceeded from a local affection, which had occasioned fever, and a disturbance of the system. He determined, however, upon a general antiphlogistic course. He bled, cupped, and directed a cathartic of sulphate of magnesia every other morning. On two subsequent visits, the bleeding and cupping were repeated, which, with fomentations to the affected side, and a solution of sulphate of morphine to alleviate pain and procure sleep, constituted the principal features of the treatment. Circumstances made it necessary for the attending physician to leave the neighborhood, and in a day or two I was called again. I found her laboring under great prostration, excruciating pain, and, to all appearance, hectic fever. The course of depletion had evidently been pushed far enough, but every means had as yet proved ineffectual. I advised the application of a blister, and a contin-

uance of the sulphate of morphine, and also some gentle cathartic, when the bowels required it. On my next visit (three days after), I understood that the blister had given some relief; but from a recurrence of the pain, I was induced to think that the apparent improvement was not likely to be permanent. A *tumor* had made its appearance in her side, and upon pressure pain was felt, leading to the suspicion that an *abscess* was about to be formed. Fully impressed with this belief, and that when formed, it would point and break externally, I directed a poultice of chamomile, and, in other respects, the same treatment to be continued. Two days subsequently to this visit, I was called in haste, and informed that the 'tumor had bursted,' and was discharging immense quantities of pus by *the mouth*, and had almost produced suffocation. When I arrived the tumor had not entirely subsided, but was so reduced in size, as to be scarcely perceptible. She labored under incessant coughing, and large quantities of pus continued to be expectorated. In a few days the cough ceased, the pain departed, and every unfavorable symptom disappeared. Mrs. I. is now well, having neither pulmonary nor any disease of the chest. It may not be amiss to state that on my second visit, when I first discovered an enlargement of the side, Mrs. I. had a slight cough, which she attributed to a cold contracted a day or two before, whilst lying under a window exposed to a draught of air, but which she did not consider worthy of attention. But up to this period, there was neither pain, cough, nor any other symptom that would warrant a belief in there being any disease of the chest.

"This case, to the practitioner of medicine, is deemed to be interesting in several points of view. In the first instance, it was difficult, if not impossible, to arrive at any correct conclusion as to the *diagnosis* of the disease. The pain had assumed a position between the spleen and kidney of the left side, which must of necessity have involved us in doubt as to its *locality*; and the healthy performance of the abdominal functions seemed to embarrass the physician still more, and prevent a decision upon the true character of the disease. We are disposed now to ask, by what *channel* could the contents of the *tumor in the side* be exhibited *ab ore*? A suggestion has been offered (and from no inferior authority), that the *abscess was formed in the lungs, and the tumor created mainly by the pressure of the abscess downward*. Let it be as it may, we have felt anxious to call the attention of the faculty to the case, and we have ventured to call the case an *anomalous one*."

The plan I proposed some time since in reference to vegetable productions having medical properties, and found in the numerous counties of Virginia, can only be effected by me in a slight and scattering way; but I could sincerely hope to see it done by some one possessed of more leisure and perseverance, and more ample means of examining the different portions of the Commonwealth. In this county (Westmoreland) there are two sorts of excellent *snakeroot*, an abundance of *common mallow* (*malva sylvestris*), and also of *pleurisy root* (*asclepias tuberosa*). In regard to the *balm of Gilead*, mentioned in my last communication, it is said "never to be obtained genuine in Europe," and this may be admitted;

but as to the *balm of balsam tree* (*amyris Gileadensis*), that grows and flourishes in this region (though not abundant). We are of the opinion that "the signs of goodness are not fallacious." Indeed we have testimony to its efficacy in several cases.

H. F.

Westmoreland Co., Va., April 14th, 1838.

The following brief sketch of the *third case* I promised, is in sum and substance as I received it from a truly estimable young physician of *Hanover*, formerly of *Westmoreland* and *Essex*.

A colored girl, about 14, living in *Essex Co.* (a part of which lies athwart the *Rappahannock*, opposite *Westmoreland*), came under my care some time in 1837. She was below the ordinary size, naturally lean and delicate, and always noticeable for the keenness of her appetite. She had been affected quite early with incontinence of urine; but on becoming diseased at the time I was called to see her, her appetite became so rabid that she would actually devour pecks of green fruit, and even *dead* rats and chickens; and such a secretion of urine took place that she was known to discharge gallons in the night season, and a great quantity in the day time. There was also a discharge of great quantities of feculent and undigested matter. The principal features of the treatment which I adopted, consisted in the use of the blue pill; iodine, in a decoction of sarsaparilla; the warm bath, and tartar emetic applied to the abdomen to remove the scurf. But notwithstanding, she rapidly became emaciated, and was soon reduced to a complete skeleton. At the same time, she had strength enough to help herself up, and even walk about the room. Ulcers appeared about the gluteal muscles, and a whitlow prevailed to the destruction of a portion of the *bone*, and yet she seemed to experience little or no pain therefrom. Her feet at times became œdematous, and her color changed from a *reddish* to a *whitish* hue. Her pulse was weak, though pretty regular. I have concluded, since the treatment, that she was affected with a real *diabetes*; but how this could prevail in its proper character and tendency, in common with the other symptoms, appeared mysterious. Were the kidneys, mesentery, or any other organ, more particularly affected? In a word, what was the proper seat of the disease? Is the conjecture well founded that the stomach had become displaced, assuming a perpendicular position, so that the ingesta passed on without digestion? How could nutrition be so completely destroyed, and the girl live? At present she is gaining, but tardily. This case is submitted (with too much brevity, perhaps), with the hope expressed in the preceding cases, that some able correspondent of yours will take it up and give us a better *diagnosis* than we possess.

H. F.

CASE OF ACUTE HEPATITIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In pursuing medical science, we ought to view the past, the present, and, as far as possible, the future. In considering the *past*, I recog-

nize an unknown writer in your Volume VI. No. 15, article 1, on MORS EPIDEMICA, who has spoken so well, that I should like to hear from him again. His remarks are fraught with sound sense, and so full of practical excellence, that he does the public injustice by withholding his pen. These remarks are made, however, as an extrinsic matter, and not as having any very particular bearing upon the case in hand. They are indeed designed chiefly as a tribute of approbation to the article referred to, as an incitement to your readers to re-peruse it with attention, and as a meed of homage to a writer entirely unknown to me, even by name.

The following case occurred so long ago as October, 1827. It would probably have been offered for your Journal before, had not my notes of it been mislaid.

Dr. Daniel Hutchinson, late of Lebanon, Ct., was a corpulent man, of large frame, light complexion, weighing upwards of 220 lbs., and extremely hypochondriacal, insomuch that from hypochondriasis alone he occasionally, for years before his death, refused practice, and confined himself to his house. And then, again, he would resume his professional business with ardor and adequate application. In some of his *confinements*, the present writer was consulted, and has seen him undergo the *douche*, or cold bucketing. This was a remedy resorted to for weak nerves, flaccid muscles, and low spirits; but whether by his own prescription, or by some of his other medical advisers, is unknown, at least to me. Suffice it to say, that it was not by my advice. Besides *himself* and *myself*, he had various other medical advisers, prescribers, and phlebotomists. Nor do I recollect ever having bled him, until I was unexpectedly called to him in his last sickness. This was in October. In the July preceding, he had what was supposed to be an inflammation of the kidneys. For more than a month he had a pain in the nephritic region, for which he was bled *twelve times*, and took various antiphlogistic remedies, as well as some that were adapted to the cure of *nephritic calculi*. He so far recovered as to regain strength and appetite, and rode out several times. He had, in this illness, never apparently lost flesh, nor become in the least emaciated, although he lost about a dozen pounds in his weight. This was, perhaps, about the amount lost in blood by the *twelve bleedings*.

Matters were thus situated, when, on October 9th, he left his sick-room, at night, for his usual lodging apartment. After eating his breakfast, next day, he was seized about 9 or 10 o'clock with a most violent pain in the region of the liver. At about 1 o'clock, P. M., on that day, I was summoned to visit him, during a great fall of rain. I found the doctor lying on his bed, in extreme pain. I examined the pained spot by slightly pressing the hepatic region, which was somewhat tender to the touch, and to which the pain was confined. I counted his pulse before prescribing anything, and found it at 90 in a minute. It was so full that bloodletting seemed urgently indicated. Still, taking into consideration the number of times that he had been bled, within the last two or three months, I hesitated in resorting to the lancet. He had taken some anodyne medicine before my arrival, and to this I added a

full dose of laudanum, say 50 drops, with a teaspoonful of vitriolic ether. Waiting its effects, he grew no easier, and, with his approbation, I then drew twelve ounces of blood from his arm. This mitigated the pain; after which I staid with him nearly an hour, when he expressed his sense of relief, and remarked to me that I had *hit his case*. Upon my taking leave, he desired me to visit him again next day. But I had left him scarcely an hour, when I was desired to see him again, the pain having returned with great violence. I may here remark that the blood drawn upon my first visit was *buffy*, as it is commonly termed, although, when the inflammatory surface or crust is of a *pigeon* color, as in the present instance, this term is not a very appropriate one. The doctor now remarked, that he did not like the pigeon-colored *buff*, which, as he said, was half an inch thick on the blood I had drawn, and that he must be bled again. I applied a ligature to the same arm, and from the same orifice let the blood flow to about 14 ounces. This second bleeding did not mitigate the pain. The blood drawn did not exhibit so high a degree of inflammation as the first. He was faint at its stoppage.

About sunset, his son, a student of medicine, and the professional gentleman with whom he was studying, arrived. A cathartic course was now resorted to. Calomel, senna, salts, croton oil, castor oil, and injections, were fully tried; but all without effect. Nothing could be made to move the contents of the alvine canal. The enemata came away without fetor. At my first visit I inquired whether the pain shot upwards to the shoulder, and the doctor said that it did not; but on my second visit he informed me that this was the case. It afterwards darted downwards and across the stomach. But its seat was where it first began, i. e. upon the liver, over which a large epispastic was now applied. A pill of three grains of opium was given during the night; and the next morning, upon the arrival of another of the profession, the full opium course was decided on, and carried into effect. As there was at no time any febrile heat, there could be no possible objection to the most decided opium treatment.

The doctor's countenance now became pale, his features became sunken, and his eyes lacked energy. His thighs presented a mottled or marbled appearance. He had what is termed a *boking*, a kind of half vomiting, or throwing up of liquid, watery, and dark-colored matters, without a real retching. Diffusible stimulants were given, and sinapisms extensively applied to the surface. Ether, brandy, and tinct. lytta, were administered. But the large doses of opium failed of procuring sleep, and the stimulants of producing action. He sank rapidly, and at about 1 o'clock, 24 hours after my having been first called, he expired.

Post-Mortem Inspection.—The body was examined in my presence, about 40 hours after death. The late Dr. Wistar, whose lectures I attended, used to impress upon his class the great importance of paying strict attention to the state of the abdominal viscera—teaching them that *there* they were to look for those phenomena which led to the cause and to the seat of most diseases and deaths. And truly it is here that we find a great difference in the natural appearances of different subjects.

In some the stomach has little else to designate it, as to size, than the beginning of the intestinal canal; whilst in others, a large bagpipe-shaped sac presents itself, so different in size and form as to almost teach the beholder that he is not inspecting a human body. The latter was the case in this instance; but there was nothing morbid, nothing unhealthy, perceived until the region of the liver was examined. The appearance of this viscus was to me unique and anomalous. It was *large*, but not *enlarged*, for the subject was large. But on the convex surface of the great lobe, next the external integuments, there was a *scathed* spot, if it may be so termed, nearly as large as the top of a small tea-saucer. This spot was *depressed*, *wrinkled*, and *cracked*. It had, at first view, somewhat the complexion of having been *parboiled*.

Had Dr. H. been killed by a stroke of lightning received horizontally on the right side, this spot on the liver, with its wrinkles and fissures, would have fully answered to my ideas of such a catastrophe. There was a considerable effusion of serous matters into the abdomen about the region of the liver, and among the intestines near it. The cracks and fissures, on the *scathed* spot, were apparently very recent. The whole of the liver was yellowish on its external surface, as though its membrane had received the whole of the bile from the gall-bladder, and that thus it had been *inflamed* from *bile* instead of *blood*. This theory was corroborated by the gall-bladder being found empty, and by two gall-stones having been found within its cavity, which might have choked the common duct. They were of a conical shape, at top round, but flat at bottom, a little larger than the largest green peas, and perfectly smooth, as though polished by attrition. They were not impacted in the duct, but loose in the cyst. The color of these stones was black. The bloodvessels, seated in the concave part of the liver, were turgid with black blood; and I have an impression that there was some extravasated blood, proceeding from them, seen externally.

The intestinal canal appeared healthy and pervious. The impossibility of producing *catharsis* must, therefore, have been either from paralysis of the primary passages, destroying the peristaltic motion, or from the bile having been turned out of its natural course, or from both. The colon was large, fat, and, as its name denotes, *empty*. One or more little knots, or ganglia, were observed on the external surface of the stomach, but too few and small to produce any bad effect. They were such as are seen on the stomachs of fat and healthy slaughtered animals.

As the seat of the disease was found to exist in the liver, little attention was paid to other parts of the body, and it was with regret to me that the dissection was closed without examining the kidneys, whose presumed state of disease had been treated by a *dozen bleedings*. There was one appearance on the stomach which resembled a small blister or vesication. It was remote from the liver, however, and void of redness. The liver itself, compared with the other viscera, was rather small than large, and there were no signs of chronic disease. Nothing, indeed, morbid about it could be dated beyond the last sickness, except the gall-stones. The yellowness of the liver, the depressed

or *scathed* spot, the fissures in this spot, one of which seemed to pervade the substance of the liver the eighth of an inch, all bore the appearance of a recent origin. There was an engorgement of the blood-vessels on the concave or under part of it, in which the blood had a black and grumous appearance. In my previous notes, I attributed this appearance to the body's lying on the back, which is well known sometimes to produce this effect. Now what we have termed the *scathed spot* on the convex part of the liver, might have been an elevation at first, from inflammation or effusion, and the depression, or sinking, may have been occasioned by the position of the body. Still there must have been violent action in the part to account for the appearances. This spot somewhat resembled the external surface over it, which was vesicated by a blistering plaster, but which did not fill. The cause of the pain must be referred to a tremendous action and determination to this diseased spot. It could not have been owing to the gall-stones, which were found, not obstructing the duct, but lying loose in the fundus of the gall-bladder. Still it is possible that they may have fallen back after death.

The most violent spasms do not leave any marks of disease behind. Even whooping cough, which was so severe as to cause the death of a child, whose body was opened by Dr. Wistar, did not leave any traces of the mischief on any part of the body. Hence the consequences demonstrable must be referred to inflammation, obstruction, effusion, swelling, emphysema, or gangrene, in *most* or *all post-mortem* inspections. As to gangrene, there were no internal signs of it in the body of Dr. H. There was, however, a very considerable lividity about the neck, shoulders, and upper lip.

The stomach and alimentary canal were large, and the arch of the colon higher up than I had ever before observed. The gall-bladder was small, compared with every other viscus, and, what was singular, all the way of a bigness, from fundus to neck. The doctor was unable to lie on his back, from the first attack to near the closing scene, without a great increase of pain. As to his mode of life, he lived well, but not intemperately. He died at the age of sixty. As mental emotions have a known effect in producing and exacerbating hepatic complaints, my inquiries were directed to this point. But there did not appear to have been any unusual excitement to which his attack could be referred.

[We are compelled, by want of room, to reserve Dr. Comstock's "remarks" on this case, for another number.—ED.]

ON THE RELATION BETWEEN THE RESPIRATORY AND CIRCULATING FUNCTIONS.

BY CHARLES HOOKER, M.D., OF NEW HAVEN, CONN.

[Communicated for the Boston Medical and Surgical Journal.]

THE general relation between the respiratory and circulating functions has long been known. It is unquestioned that the main office of the

lungs is to effect that change in the blood which constitutes the difference between venous and arterial blood ; and that the sole office of the right side of the heart is to transmit the blood to the lungs for the purpose of this change. This process has been called *oxygenation*, *decarbonization*, &c., according to different theories by which it is explained ; also *arterialization*, a term implying no theory, but simply the fact that the blood is thus prepared for circulation through the arteries ; and *aeration*, which simply implies that this change is effected by an exposure of the blood to air in the lungs.

RELATIVE FREQUENCY OF THE RESPIRATION AND THE PULSE.

From what is known of the philosophy of the process of aeration, it is reasonably inferred that a proper balance is required between the two functions of respiration and circulation, or, in other words, between the quantity of air respired, and that of the blood circulating through the lungs. It might further be inferred that, in a healthy condition of the organs, a definite ratio is observable between the frequency of the respiration and of the pulse. As a general rule, this ratio may be stated as *one to four and a half*—that is, in a healthy, well-formed adult, when the pulse is 70 in a minute, the number of respirations is about 15 or 16 ; while, if the pulse is naturally more or less than 70, there is a proportionate frequency of the respiration. So, in case of general febrile excitement, if the pulse is increased in frequency, a proportionate increase of the respiration is required to preserve a due balance between the two functions. In disease, however, it is very common that this balance between the functions is not preserved, and there are many variations in the ratio between the respiration and the pulse.

The object of this essay is to trace the diagnostic, pathological, and therapeutic indications of these variations.

That this subject has heretofore received little attention, is evident from the fact, that the few authors who have adverted to it, are not agreed even in regard to the natural ratio between the respiration and the pulse.

This ratio is stated by Haller to be as 1 to 3 or 4 ; by Dr. Graves, as 1 to 4. The number of respirations in a minute, in a healthy adult, is estimated by Magendie as 15 ; by Dr. Dunglison, about 18 ; by Sir Humphrey Davy, 26 or 27 ; while Dr. Good, Dr. C. J. B. Williams, and most other writers, give 20 as the ordinary number. Supposing the latter to be the true number, and the pulsations, as commonly estimated, to be 70 in a minute, the ratio will be 1 to $3\frac{1}{2}$; while, according to the estimate of Sir Humphrey Davy, the ratio is about 1 to $2\frac{1}{2}$.

This discrepancy of statement plainly shows, that the observations of authors on this point have been very limited. The only method which will lead to correct conclusions, a method which I have frequently practised since my attention was turned to this subject, is to count the respiration of persons who are unaware of such observation ; for, as the respiration is much under the control of the will, its frequency will be varied by the operation of the mind. Hence, a conclusion drawn from observing one's own respiration would be liable to error. Perhaps di-

versity of climate, and national peculiarities of constitution, may occasion some variation from the ratio which I have stated ; but so constant has been this ratio, of 1 to $4\frac{1}{2}$, according to my observation, that I have regarded any considerable variation from it as a pretty sure indication of malformation or disease. In a diagnostic and pathological point of view, therefore, I regard the *comparative frequency* of the respiration and the pulse as highly important.

In early infancy there is less regularity in this ratio. Owing to imperfect development of the lungs, or some other cause, it is not uncommon that an infant, with a pulse of 120 or 130, will have 40, 50, or even 60 respirations in a minute. Generally, however, the healthy ratio becomes established in the course of the first or second year. So in adults, the respiration is rendered frequent by many circumstances which can hardly be considered as disease. Obesity, by preventing a free and large expansion of the chest, gives occasion to increased frequency of the respiration. The same effect is produced by a distension of the stomach or intestines, by pregnancy in females, and by any circumstance which prevents a free descent of the diaphragm. Any circumstance, indeed, that prevents a full quantity of air from being received into the lungs with each inspiration, necessarily calls for more frequent inspirations. As a general rule, if the respiration is deficient in fullness, the deficiency is compensated for by increased frequency.

DIAGNOSTIC INDICATIONS OF A DISPROPORTIONATE FREQUENCY OF THE RESPIRATION AND THE PULSE.

The general diagnostic indications afforded by variations of the ratio between the respiration and the pulse, may be reduced to two heads.

1st. A disproportionate *increased* frequency of the respiration indicates,

A. Disorder of the lungs or air passages.

B. Some mechanical impediment to the motions of respiration : or

C. Imperfect function of the organic nerves of the lungs.

2nd. A disproportionate *diminished* frequency of the respiration indicates a want of energy in the nerves which control the respiratory motions.

1st. A. *Frequent respiration from disorder of the lungs or air passages.*

It is obvious why disease of the lungs should occasion a disproportionate increased frequency of the respiration. If by engorgement, hepatization, tubercular deposition, or other disease, a portion of lung is rendered unfit for respiration, the remaining healthy portion, having the whole office of aeration to perform, must act with increased frequency in order to duly arterialize the blood. If, for instance, only one half of the lungs is fit for respiration, the frequency must be doubled. Thus, in acute diseases of the lungs, the ratio between the respiration and the pulse may be considered as some criterion of the *amount* of pulmonary obstruction. In asthenic cases, however, attended with a depression of nervous energy, as we shall hereafter notice, this criterion must be received with some allowance.

Frequent respiration in pneumonitis.—The relative frequency of

the respiration in pneumonitis is one of the most constant symptoms of the disease. As in other febrile diseases, the pulse is commonly frequent, but the increased frequency of the respiration is altogether disproportionate to that of the pulse. In cases of extensive engorgement, it is not uncommon that the respiration is 45 in a minute, when the pulse does not exceed 90; the ratio becoming as 1 to 2. In extreme cases, the respiration becomes even 60 or 70; and in children I have occasionally noticed it 140 or 150. In less degrees of engorgement, the ratio is as 1 to 3, $3\frac{1}{2}$, or 4.

Commonly the pain in the chest, cough, and other symptoms, sufficiently indicate the general character of the disease. In some *latent* cases, however, these general symptoms are wanting; and there is scarcely a single symptom indicating pulmonary disease, except the comparative frequency of the respiration.

A single case is adduced, as an example of the importance of the ratio between the respiration and the pulse, as a diagnostic indication in such cases.

In March, 1832, I was one morning called to visit a vigorous young man, who had been attacked, the night previous, with chills, succeeded by considerable heat and febrile excitement. The skin was now cool, the tongue slightly furred—no pain or soreness in any part of the system, no disturbance of the stomach or bowels, no cough or expectoration, nor was the patient sensible of any difficulty of respiration. The pulse was 78, the respiration 30. This disparity between the pulse and the respiration was the only apparent general symptom of local disease—a symptom which probably would not have been noticed, but for my constant habit of attention to this point. The patient had not been subject to habitual shortness of breathing, and strict inquiry gained no clue to the existing disease. But the abnormal ratio between the respiration and the pulse (about 1 to $2\frac{1}{2}$) warranted a suspicion of disease within the chest; and, on applying auscultation and percussion, it directly appeared that the lateral and posterior portions of the right lung were extensively engorged—in short, there was a *latent pneumonitis*, occupying a greater part of the right lung. A large blister was applied to the affected side, and calomel, elaterium, sanguinaria, and the other remedies which had proved serviceable in the pneumonitis of that season, were perseveringly administered. The disease continued day after day to run a perfectly latent course; and the nurse, a judicious elderly lady conversant with disease, was very distrustful of my diagnosis, saying that she had “always seen lung fever attended with pain in the chest, cough, difficulty of breathing and expectoration.” At the commencement of the 6th day of the disease, I was called to my patient in the night. The nurse met me at the door, exclaiming, “now, doctor, I believe you—the man has lung fever.” The symptoms at this time were a severe pain in the affected side, a labored, rattling respiration, and a copious bloody expectoration. The disease was now making a crisis, and the patient gradually convalesced. Whether this favorable result would have occurred is very doubtful, had not the treatment been directed by an early correct diagnosis.

We often hear of similar irregular cases of disease, which are described as "typhoid fever," or "general debility," which continue for 6 or 7 days, when a "pneumonia sets in" and carries off the patient. In such cases, attention to the comparative frequency of the respiration and the pulse would always lead to investigation for disease of the respiratory organs.

Frequent respiration in phthisis.—In the early stages of *phthisis*, this disparity between the respiration and the pulse may be regarded as one of the most valuable signs. It is not uncommon, in this disease, that considerable tubercular deposition in the lungs takes place, before the occurrence of cough, expectoration, and many other of the ordinary symptoms of the disease. Frequently, indeed, there are no prominent general symptoms, except, perhaps, a progressive debility and emaciation. With these symptoms, a disproportionate increased frequency of respiration affords a strong presumption of tubercular deposition. A simple general debility increases the frequency of respiration; but it occasions a proportionate increased frequency of the pulse—the ratio of 1 to $4\frac{1}{2}$ is still preserved. Whereas, if the lungs are obstructed by tubercles, the respiration is out of proportion to the pulse.

In this disease the abnormal ratio between the respiration and the pulse is a more uncertain criterion of the *amount* of pulmonary obstruction than in *acute* diseases; for the scrofulous affection which produces the tubercular deposition in the lungs, at the same time impairs the processes of digestion and sanguification—hence, the quantity of blood in the system is much less than in health, the pulse is weak, and each contraction of the heart sends a small quantity of blood to the lungs; the quantity of blood to be aerated in the lungs is, therefore, less than natural, and a smaller quantity of air is required in respiration. In advanced stages of *phthisis*, there is so little blood in the system, that a very small proportion of healthy lung is sufficient for its arterialization, with only a moderate acceleration of the breathing. I have examined subjects who had died of this disease, in whom scarcely a tenth part of the lungs appeared to have been fit for respiration; when, a few days before death, with a pulse of 130 or 150, the respiration had not exceeded 35 or 40. Were the lungs obstructed to this degree in acute diseases, with a full quantity of blood in the system, an immeasurably increased frequency of respiration would be required to sustain life. But in the progress of a lingering case of *phthisis*, the quantity of blood in the system; the size of the aorta and other arteries, which are sometimes diminished in calibre nearly one half; and the feeble imperfect contractions of the heart, all become accommodated to the small remaining portion of healthy lungs.

I should here notice some incidental remarks in the clinical lectures of Dr. Graves, of the Meath Hospital, Dublin, which seem to be the result of imperfect observation. He remarks, "I have seen many cases of *phthisis*, in which there was accelerated breathing, with slow pulse, but these were always cases of a chronic kind. I have never observed the same phenomena existing when the disease was acute; it is a state of things which is compatible only with chronicity of disease."

In *acute* pulmonary disease, he says, when the respiration is considerably accelerated, there is "a corresponding increase in the frequency of the pulse." The very reverse of this is true. Certainly nothing is more common, in the early stage of acute pneumonitis, than to have the respiration 30, 40, or even 60 in a minute, when the pulse does not exceed 90. In acute œdematous inflammation of the lungs, I have often, within a few hours from the first attack, observed the respiration 70 or 80 in a minute—a mere panting—when the pulse scarcely exceeded its natural frequency. And in the early stages of phthisis, with a comparatively moderate tubercular obstruction of the lungs, I have commonly observed the disparity between the frequency of the respiration and the pulse greater than in the more advanced stages.

The observations and judgment of Dr. Graves are justly considered as high authority; but he has evidently given little attention to this subject; and he properly remarks, "I do not know any point on which accurate observations are more wanting, than on the proportion between the pulse and respiration in various states of the system, and in various diseases. Facts upon this subject might be easily collected, and would probably lead to curious and instructive results."

Frequent respiration in œdema of the lungs.—This disease is a very common cause of frequent respiration. Though the disease was noticed by Hippocrates, and has been more particularly described by Van Swieten, Darwin, Maclean, and others, most recent writers appear to be unaware of its common occurrence. Dr. Good barely notices it, as if doubting its occurrence. In treating of other dropsical affections within the chest, he says, "water is, *perhaps*, sometimes effused into the cellular texture of the lungs." Laennec says it is "rarely a primary and idiopathic disease. It comes on most commonly, with other dropsical affections in cachectic subjects, towards the fatal termination of long-continued fevers, or organic affections, especially those of the heart."

It appears to me that the question, in regard to this affection, is to be resolved into the general question, whether any dropsy is a primary and idiopathic disease. I am certain that no part of the system is so commonly the seat of dropsy as the lungs; and, in general anasarca, it is commonly in the lungs that the disease is first manifested. Even those authors who appear to doubt the existence of such an affection as idiopathic œdema of the lungs, generally mention disordered respiration as a symptom of general anasarca.

There are many cases which appear to be intermediate between a proper inflammation and a dropsy of the lungs—cases which might be termed œdematous inflammation. Such cases certainly have claim to the character of a primary and idiopathic disease. Of this character was the prevailing affection of the lungs in the influenza epidemic in New Haven, in the winter of 1831–32. In many cases of that disease, extreme frequency of the respiration, as compared with the pulse, constituted almost the only symptom of thoracic affection.

In cases of chlorosis, in most of the chronic disorders of menstruation, in general debility, and in cachectic diseases generally, swelling of the ankles and other symptoms of general anasarca commonly occur.

In almost all such cases I have found œdema in the lungs, before its manifestation in other parts of the system ; and frequently the lungs are the only part in which it is to be observed. The affection can hardly fail to be injurious, by obstructing the lungs and interfering with a due aeration of the blood, and it is therefore very important to detect the disease in its early stages. Attention to the relative frequency of the respiration will afford suspicion of the disease ; and a slight dullness observed on percussing the posterior portions of the chest, after the patient has been lying on the back ; or the same observed about the inferior lobes of the lungs, after sitting or standing ; with a dull respiratory sound corresponding to the dullness of percussion, will render the diagnosis almost certain. If any of the serum becomes infiltrated into the air cells and the minute bronchia, as frequently occurs, especially when the affection has anything of an inflammatory character, the stethoscope detects a sound like that produced by squeezing a wet sponge, by wringing wet clothes, or by the effervescence of fermenting liquors—a feebler and finer sound than the crepitation characteristic of proper inflammation.

Frequent respiration in various disorders of the lungs and air passages.—Besides the diseases already mentioned, any affection of the lungs, which prevents a portion of them from being freely permeated with air, necessarily occasions frequent respiration. Atrophy or emphysema of the lungs, congenital imperfection of the organs, solidification or any other lesion consequent to former disease, or pulmonary apoplexy, may produce this effect. A like effect is produced by disorders of the bronchia or bronchial membrane, as mucous or other obstructions within the bronchia impeding the passage of air, or any affection of the bronchial membrane preventing a communication between the air and the blood within the lungs.

B. Frequent respiration from some mechanical impediment to the motions of respiration.

Any disorder within the chest, exterior to the lungs, which affords a mechanical impediment to the expansion of the lungs, necessarily causes frequent respiration, as hydrothorax, pleuritic effusion, effusion into the pericardium, enlargement of the heart, aneurism of the aorta, or any tumor within the chest. The same effect is produced by ascites, flatulent distension of the stomach or intestines, or fullness of the abdomen from any other cause, operating to prevent a free descent of the diaphragm ; hence a full meal occasions some acceleration of the breathing. Frequent respiration is caused also by any circumstance which renders a full inspiration painful, as rheumatism, or any inflammation of the intercostal or other muscles of respiration ; or a like affection of the pleura, pericardium, heart, or any of the abdominal viscera. In peritoneal inflammation, the soreness and tumefaction of the abdomen render the respiration extremely short and frequent. Sometimes a debility of the respiratory muscles occasions the motions of respiration to be feeble, short, and frequent.

C. Frequent respiration from imperfect function of the organic nerves of the lungs.

In the function of respiration two important classes of nerves are chiefly concerned.

The *motions of respiration* are effected by that class which Sir Charles Bell terms *the respiratory system of nerves*. These nerves arise from the lateral portions of the medulla oblongata and upper part of the spinal marrow. The functions of these nerves, and, of course, the motions of respiration, are performed without the aid of the will; but, from a communication formed by some small nervous fibres between these nerves and the brain, the will acquires some control over the respiratory motions.

The other class of nerves, which is distributed to the lungs from *the sympathetic, ganglionic, or organic system of nerves*, is more immediately concerned in *effecting the aeration of blood*. A full quantity of air in the lungs is inadequate to effect this change, without the influence of this class of nerves. The motions of respiration, therefore, may be continued, through the influence of the former class of nerves, but if the organic or arterializing nerves cease to perform their office, the venous blood is returned unchanged to the left side of the heart, and thence transmitted to the system through the arteries. So if the function of these nerves is imperfect, the blood is in the same degree imperfectly arterialized.

These considerations reasonably explain how imperfect function of the organic nerves of the lungs occasions a relative frequency of respiration. Like organic disorders of the lungs, and the mechanical impediments to respiration, which have been adverted to, this nervous lesion operates to diminish the arterializing efficacy of each inspiration; and, consequently, a greater number of respirations is required.

The lesion of function of the organic respiratory nerves is considered, in this place, only as one of the causes of frequent respiration: the pathological effects of this lesion, in preventing a due arterialization of the blood, will be considered under our second general head, in connection with the subject of imperfect function of the motor respiratory nerves.

General diagnostic indication of increased frequency of respiration.

From the preceding considerations it may be inferred, that a disproportionate increased frequency of respiration does not indicate the particular disease which impedes the respiratory function. The impediment may be some disorder of the lungs or air passages, or some mechanical impediment to the motions of respiration, or an imperfect function of the organic nerves of the lungs. The frequency of breathing only affords the general indication, that there is some impediment to the respiration, the particular cause of which is to be investigated by attention to the symptoms, and by auscultation, percussion, and other means of exploration. Attention to this general indication will, in many cases, enable the practitioner successfully to adapt his remedies to local diseases, which might otherwise altogether elude observation, and lead to serious and even fatal results.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, MAY 16, 1838.

POSITIVE VALUE OF VACCINATION.

A CORRESPONDENT, of Philadelphia, intimates that it would be very satisfactory to know the "*real value of vaccine inoculation*, as at present conducted," intimating, at the same time, that the confidence of the public, both medical and general, in that quarter, is much impaired, and encouragement from elsewhere, if it could be had, would be very acceptable. Moreover, he remarks, that the fact would not be credited there, "*unless seen in a book*," that the health police regulations and prophylactic measures of Boston have kept the city free from smallpox. Whether the Philadelphia physicians believe it or not, it is nevertheless true, that under the management of the health department, Boston has been kept free from this formidable disease. The sick have heretofore been removed to a hospital, remote from the city, as soon as the character of the malady was understood. But these happy days of security are at an end here, unless more attention is given to vaccination than is at present anticipated. The old law, respecting removal, has been repealed, and smallpox, hereafter, may rage in Boston as it listeth. Strangers must remember to be vaccinated before visiting this metropolis. The next generation of Bostonians will be perfectly secure, as no children can enter the public schools without a certificate of vaccination. Nothing bears the impress of stability in this age. We were well off under the old regulations, but that was not satisfactory; we wanted to be better. The law which had protected our citizens, and the unsuspecting stranger who confided in it, was venerable by age; but it has been abolished—and now let each one look out for himself, for the pestilence that has no respect for unprotected persons, lurks in the streets. We are in the condition of the restless Italian, who had chiselled on his tomb-stone, "I was well, but I wanted to be better: I took physic, and here I am."

No less than sixty cases, varying in severity from mild varioloid to severe confluent smallpox, have occurred in the Philadelphia Penitentiary within the last three months.

Medical Schools.—At a public commencement of the University of Pennsylvania, held on Friday, April 6th, 1838, the degree of Doctor of Medicine was conferred on 144 gentlemen. At the commencement in July, 1837, the degree of M.D. was conferred on 13 gentlemen. Making together, 157.—The degree of M.D. was conferred on 24 gentlemen, at the public commencement of the Louisville Institute, in March.—The Medical College of the State of South Carolina had 141 students in attendance during the last session.

Hydrothorax.—Dr. Hiller has employed digitalis, with the extr. lactu. vir. in four cases of hydrothorax. In one he obtained a complete cure; in the three others, the patients were much relieved. Formula: extract of lettuce, gr. iv.; powder of digitalis, gr. i.; sugar, 1 drachm. A powder every two or three hours.

TO CORRESPONDENTS.—We must ask the indulgence of our correspondents for several weeks. For particular reasons, it is desirable to finish, as speedily as possible, the valuable essay by Dr. Hooker, which is commenced in this number. Among the communications which are in consequence deferred, and which may be still longer delayed, are those on "Medical Botany," the "Treatment of Ophthalmia," "Curvature of the Spine," "Retroversion of the Uterus," case of "Pseudo Labor," and the Circular of the Boston Medical School.—The first No. of the Louisville Medical Journal, to be published quarterly, is received.

DIED.—At Girard, Penn., Dr. C. Rodgers, killed by the explosion of a cannon.—At Saratoga Springs, Dr. John Steel, resident physician at that place, aged about 58.—In Swanzy Village, Ms., Dr. John Winslow, aged 72.—At Bridgewater, Vt., of consumption, Dr. Stephen D. Sears, aged 30.—At Bath, Me., Dr. J. Blesinski.

Whole number of deaths in Boston, for the week ending May 12, 28. Males, 16—Females, 12.

Consumption, 7—infantile, 2—dropsy on the brain, 1—inflammation of the lungs, 1—syphilis, 1—old age, 1—introsusception, 1—liver complaint, 1—child-bed, 1—typhus fever, 1—lung fever, 2—marasmus, 3—cancer, 1—croup, 1—disease of the heart, 1—erysipelas, 1—stillborn, 2.

MASSACHUSETTS MEDICAL SOCIETY.

THE Annual Meeting of the Massachusetts Medical Society will be held at the Society's Room, Athenæum Building, Pearl Street, on WEDNESDAY, 30th inst., at 10 o'clock, A. M. The annual discourse will be delivered at 1 o'clock by EBENEZER ALDEN, M.D. Literary gentlemen interested in medical science, and students in medicine, are respectfully invited to attend.

A stated meeting of the Counsellors will be held on the day following, at the same time and place.

JOHN HOMANS, Rec. Sec.

M16—3w

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*," sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3.

lyreop

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SARLANDIERE'S ANATOMY.

SYSTEMATIZED ANATOMY, or HUMAN ORGANOGRAPHY, in synoptical tables, with numerous plates, for the use of University Faculties, and Schools of Medicine and Surgery, Academies of Painting, Sculpture, and the Royal Colleges. By the CHEV. J. SARLANDIERE, D.M. Translated from the French by W. C. Roberts, M.D.

A few copies of the above for sale at Ticknor's, corner of Washington and School streets, at one half the original subscription price.

RETREAT FOR INVALIDS.

THE profession is respectfully informed that DR. A. H. WILDER has purchased a large and convenient house in the pleasant town of Groton, Mass., likewise suitable carriages, horses, saddles, &c., for the accommodation of nervous invalids.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

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VOL. XVIII.]

WEDNESDAY, MAY 23, 1838.

[NO. 16.]

ON THE RELATION BETWEEN THE RESPIRATORY AND CIRCULATING FUNCTIONS.

BY CHARLES HOOKER, M.D., OF NEW HAVEN, CONN.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 242.]

2ND. *A disproportionate diminished frequency of the respiration indicates a want of energy in the nerves which control the respiratory motions.*

A lesion of function in either of the two classes of nerves principally concerned in respiration, occasions a disparity between the respiratory and circulating functions, and causes an imperfect aeration of the blood. Imperfect function of the *motor* respiratory nerves produces this effect, by causing a disproportion between the quantity of air respired, and that of the blood circulating through the lungs. Imperfect function of the *organic* or *arterializing* nerves produces the same general result, by impairing the influence of the respired air on the blood. In the former case the quantity, in the latter the effect, of the respired air is diminished. As the pathological effects are in general the same, it is proper to consider in connection, A. Imperfect aeration of the blood from disordered function of the *motor* respiratory nerves; and, B. Imperfect aeration of the blood from disordered function of the *organic* respiratory nerves.

GENERAL PATHOLOGICAL EFFECTS OF IMPERFECT AERATION OF
THE BLOOD.

The celebrated French physiologist, Bichat, was the first who drew the attention of physicians to any satisfactory knowledge of the pathological effects of an imperfect arterialization of the blood. He found, by experiments, that if a current of venous blood is turned into the carotid arteries, it produces atony of the brain. If a moderate quantity of the black blood is thus transmitted by the arteries to the brain, it produces a degree of drowsiness and stupor. A large quantity produces a loss of sensation, perception and voluntary motion, and occasions coma and death. By turning, in the same manner, a current of venous blood into the main artery supplying one of the limbs, he found it to occasion a numbness and paralysis of the limb. In short, if venous blood is made to circulate through any artery of the system, it occasions a torpor of the part supplied by such artery. If the function of the lungs ceases, while the heart continues to act, the blood not arterialized circu-

lates through the whole system, occasioning a general torpor, paralysis, and death.

The effects caused by a cessation of the respiratory function, are termed *asphyxia*. The general phenomena of asphyxia produced by a sudden cessation of the respiratory function, as in hanging, drowning, &c., are well known—the heart continues to act, sending the black blood into the arteries which naturally circulate red blood; the skin and all parts of the system assume a livid color; sensation, sensibility and voluntary motion are suspended; and, with the cessation of the heart's action, death ensues. Similar phenomena occur in most diseases at the close of life; and, in the opinion of Bichat, asphyxia is by far the most common immediate cause of death. "Whatever may be the seat of the principal disease," he says, "whether it be an organic defect, or a general injury of the functions, as fever, &c., almost always, in the last moments of existence, the lungs are embarrassed; respiration becomes painful; the air is taken in and expelled with difficulty; the coloration of the blood is hardly carried on; it passes nearly black into the arteries. The organs, already debilitated by disease, receive much more easily in that state the fatal influence of the contact of this blood, than in asphyxia where they are unaffected. The loss of sensations and of intellectual functions, and very soon that of voluntary motions, succeed the embarrassed state of the lungs. The man has no longer any connection with surrounding objects; his whole animal life is interrupted, because the brain, which, as it is known, governs this life, penetrated with black blood, ceases its functions. By degrees the heart, and all the organs of internal life, imbibing this blood, cease their motions also. In this case it is the black blood which altogether stops the vital motions already enfeebled by the disease. It is in general very rare that debility produced by disease brings on death in an immediate manner; it paves the way to it, and renders the organs susceptible of being influenced by the smallest change in the red blood. But it is almost always this change which puts an end to life. The cause of the disease is therefore only an indirect cause of general death; it occasions that of the lungs, which latter brings on that of all the organs."—*Treatise on Life and Death*.

These views of Bichat, in regard to the deadening influence of the black blood on those parts of the system which are naturally supplied with red blood, are now commonly received by pathologists. Perhaps this influence is not so generally the immediate cause of death, as this author supposed; but it is probably true, that death is most commonly produced in this way. Since the publication of Bichat, the subject of this influence has received considerable attention, particularly as an immediate precursor and cause of death; while but little attention has been given to a less degree of the same influence observable in the progress of many diseases. Throughout the progress of some diseases, particularly fevers of a typhoid character, this relation between the respiration and circulation appears to have a most important influence, a correct understanding of which, it is believed, will lead to many important therapeutic indications.

A. Imperfect aeration of the blood from disordered function of the motor respiratory nerves.

A lesion of function of the respiratory system of nerves *impairs the motions of respiration*, causing the respiration to be infrequent and small; and in consequence, less than a natural quantity of air is respired. In this condition of the respiration, if the circulation continues strong, a disparity between these two functions occurs; the air respired is insufficient to duly aerate the blood in the lungs; and consequently the blood passes into the system imperfectly arterialized.

The deleterious effects of such impaired function of the respiratory nerves may be estimated from a consideration of the well-known deadening influence of the black blood in extreme cases of asphyxia. The imperfectly arterialized blood, though still retaining enough of its arterial character to sustain life, occasions a degree of torpor in the brain and all parts of the system supplied by the arteries. Sensation, perception, voluntary motion—all the cerebral functions—become impaired. The capillary vessels, partially paralyzed, become distended and engorged with dark-colored blood; the lips and finger nails have a livid tinge, a livid paleness pervades the whole surface, and the florid hue of health is nowhere seen. Secretion and absorption become affected; passive engorgements take place in various parts; indeed, a torpor produced by the deadening influence of the imperfectly arterialized blood pervades the whole system. The respiratory nerves, in common with other parts of the system, become affected with this paralyzing influence, which, by rendering the respiratory motions more languid, tends still further to impair the arterialization of the blood, which again reacts on the respiratory nerves. As the degree of this influence increases, the cerebral functions become more oppressed, and symptoms of approaching dissolution appear, such as coma, subsultus tendinum, colliquative discharges, and frequently tympanitic distension of the abdomen.

Typhous fever.—Something of the train of symptoms above described ordinarily occurs in typhous fever, and in other diseases of a typhoid character. The lesion of nervous function in the brain, which is a prominent characteristic of typhoid diseases, almost always extends to the respiratory system of nerves, occasioning a disparity between the respiration and the circulation. While the healthy ratio between the respiration and the pulse is 1 to $4\frac{1}{2}$, in typhous fever it is commonly 1 to 5 or 6, and in many cases 1 to 7 or 8. The respiration, though often more frequent than in health, is not proportionate to the increased frequency of the pulse; and if the pulse is less frequent than natural, as sometimes occurs, there is more than a proportionate infrequency of the respiration. In most cases this relative infrequency of the respiration continues through the whole course of the disease, and during the last seven years I have never seen a case of simple typhus in which it was not remarkable in some stage of the fever.

It is true, that in this disease the heart partakes of the attending general debility, and in consequence, its action being feeble, less blood is thrown to the lungs by each contraction; from which it might seem that, notwithstanding the relative infrequency of respiration, the blood

may be sufficiently arterialized. On the contrary, however, it may be observed, that the respiratory muscles also partake of this general debility, and in consequence the respiration is feeble and small. In general, I think, the smallness of the respiration is more than proportionate to that of the pulse, so that the deficiency of arterialization is even greater than is indicated simply by the infrequency of respiration.

That the blood is imperfectly arterialized in typhus, is sufficiently evident from the symptoms of the disease. Dr. Armstrong, in giving the distinguishing signs of common continued fever and typhus, says, that "In the common continued fever, the patient commonly has not much inaptitude of mind, often answers questions readily, and in a pretty firm voice, without much increased agitation of the breathing; whereas in typhus the answers are mostly given with languid slowness and reluctance, and much speaking obviously disturbs the respiration. In the common continued fever the skin is generally of a brighter red than natural, especially on the cheeks; on the contrary, the skin is always more or less of a dusky color in typhus, and an admixture of it may be best observed in the flush of the face. This duskiness of the skin is one of the proper symptoms of typhus, and seems to arise from some change in the constitution of the blood, which I have almost invariably seen darker on dissection than in ordinary fevers. In the worst cases, this duskiness increases in the progress of the disease, and lessens in those that assume a mild aspect. So very characteristic is this cutaneous duskiness, that I think I could distinguish typhus by it at any time, if two patients were presented to me, the one laboring under that disease and the other under the common continued fever."—*On Fever*, p. 235.

In another part of his treatise (page 410), Dr. Armstrong observes, "The blood is always blacker in typhus than natural. In severe cases it is remarkably so where the excitement is fully emerged, and at last the solids are most decidedly affected, as any one may perceive who marks the dark hue of the muscles on dissection. This state of the blood in typhus, if I mistake not, is connected with that peculiar depression of strength, and with the peculiar condition of the sensorium, which attend the rise and progress of this disease. . . . But," continues Dr. Armstrong, "the nature of this change in the blood, I do not pretend to determine, and only meant to point to it as an object worthy of far more attention than it has yet received."

Dr. Southwood Smith says, "The skin is always of a darker color than in synochus; the whole surface is of a dull and dusky tinge."—*On Fever*, page 166.

The dark color of the blood in typhus is noticed by other authors, as of common occurrence. That it "is *always* blacker than natural," as asserted by Dr. Armstrong, is questionable. Though I have always observed, in some stages of the fever, a relative infrequency of respiration, with the dark colored blood, and other symptoms necessarily attending this imperfect respiration; yet I have noticed, in the commencement or progress of some cases, an occasional acceleration of the breathing, continuing for several hours or even days, during which the cheeks assumed a florid color, and there was every indication of a perfect aera-

tion of the blood. Sometimes there is even a morbid frequency of respiration apparently depending upon irritation of the respiratory nerves, during which the skin is uncommonly florid, and there is morbid wakefulness and sometimes a phrenzied delirium. Such a state, however, is ordinarily of short continuance, and is succeeded by infrequent respiration, lividity of skin, a low delirium, subsultus tendinum, and coma—the irritative excitement being succeeded by a morbid depression of nervous energy.

No inconsiderable part of the symptoms occurring in typhus, it is believed, may be attributed to the imperfect respiration which we are considering. The “sensorial debility and disturbance of the mental powers,” which are prominent characteristics of typhus, may be produced by any impediment to the respiration, preventing a proper aeration of the blood. But it is not to be supposed that this imperfect respiration is ordinarily the first link in the chain of disease in typhus. It is preceded and caused, in most cases, by a torpor of the respiratory system of nerves, which appears obviously connected with a general depression of nervous energy throughout the system. In such cases, however, the imperfect respiration cannot fail to add to the general nervous torpor, through the paralyzing influence of the black blood; and in cases of disease commencing in the lungs, a similar torpor of the nervous system is a consequent result.

I have adverted particularly to typhous fever, as a disease in which this deficient arterialization of the blood is ordinarily prominent throughout its progress. In this disease there is hardly a point requiring more careful observation for prognostic and therapeutic indications. A remarkable relative infrequency of respiration, in the early stage of the disease, indicates an alarming prognosis. If in this stage the respiration and pulse are as 1 to 7 or 8, it is almost certain that its course will be of a low typhoid character. Vertigo, tinnitus aurium, subsultus, a muttering delirium, and coma, are almost sure to succeed. If such infrequency of respiration occurs in any stage of the disease, it may be considered as the precursor of a similar train of symptoms. Those symptoms which are commonly attributed to “determination to the brain” or “congestion in the brain,” are associated with, and in a great measure depending upon, this imperfect respiration.

Congestive typhus.—In that form of disease which is treated of by Armstrong and others as congestive typhus, this deficiency of respiration appears to be a prominent cause of the peculiarities characterizing this form of fever.

This variety of typhus is commonly ushered in with chills, vertigo, drowsiness, and extreme general prostration; the breathing is infrequent, irregular and sighing, or in some cases frequent, but short, feeble and inefficient; the skin pale and somewhat livid; the heat of surface unequally diffused; the pulse rather frequent and irregular, or in some cases very infrequent and oppressed; sensation and voluntary motion are suddenly impaired; and subsultus, muttering delirium, and coma, soon supervene. In rapid cases the disease has a near resemblance to apoplexy. On dissection, the blood is found accumulated in the veins

and the right side of the heart; the arteries, brain, muscles, and all parts of the system are dark colored from the black blood contained in them; and the blood either remains liquid, or coagulates very imperfectly.

Dr. Southwood Smith, in describing this form of typhus, says, the patient "lies insensible, with a cold and dusky skin; with a swollen and livid countenance; with a heavy and oppressed respiration; with a pulse perhaps not to be felt, or, if distinguishable, either so rapid that it cannot be counted, so small that it is like a thread beneath the finger, and so weak that it is lost by the slightest pressure, or else slow, irregular, and intermittent. In this state the patient is almost as completely paralyzed as in apoplexy, and the attack is almost as rapidly fatal as apoplexy."—*Treatise on Fever*, p. 175.

The symptoms and post-obit appearances certainly are the same as those attending asphyxia produced by inhaling certain noxious gases, by mechanical obstruction of the lungs, and by a division of the respiratory nerves; and a careful consideration of the phenomena, I think, must lead to the conclusion that imperfect respiration is a most prominent feature of the disease. These circumstances surely demand a most careful attention to the disparity between the respiration and the pulse, which attends this form of disease.

Not only in typhus, but in all diseases, when the relative frequency of the respiration is less than in the proportion of 1 to $4\frac{1}{2}$, it is a sure indication of deficient aeration of the blood, unless, as in some rare cases, there is some disproportionate debility of the heart, occasioning frequent, feeble, and ineffectual contractions of that organ.

But there is, in many cases, deficient aeration, when the ratio between the frequency of the respiration and pulse is normal; and even when there is a comparative increased frequency of respiration. Typhous fever may be complicated with some affection of the bronchial membrane, preventing a free communication between the respired air and the blood within the lungs; or with some affection of the lungs or pleura, preventing a full expansion of the lungs; or with tympanitic distension of the abdomen (a common symptom in typhoid fevers), preventing a free descent of the diaphragm; or with some of the other circumstances before adverted to as occasioning a mechanical impediment to the respiratory motions. Sometimes, also, in connection with the general debility attending typhoid diseases, there is a disproportionate debility of the respiratory muscles, causing the motions of respiration to be small, feeble, and inefficient. In all such cases the blood will be imperfectly aerated, unless the relative frequency of respiration is more than natural; as the deficient fullness of respiration ought to be compensated for by increased frequency. If the cause of this impeded respiration is manifest, it will of course be considered in counting the respiration and pulse; but if the impediment is latent, the relative frequency alone might lead to an erroneous conclusion. The degree of fullness of respiration is to be considered in connection with the frequency. Commonly, however, the imperfect aeration is sufficiently evident, from the livid tinge of skin, the drowsiness, listlessness, and other symptoms which it produces.

Pneumonitis.—In this disease, especially when of a typhoid character, the symptoms of imperfect aeration of the blood are remarkably prominent. In almost all cases the frequency of respiration is considerably increased. In a moderately severe case, with pulse at 90, the respiration will be as frequent as 30 in a minute—that is, in a ratio of 1 to 3; and when the lungs are extensively engorged, the ratio is often as 1 to 2. In one sense a very frequent respiration in this disease is a bad symptom, as it indicates extensive engorgement; but while the engorgement continues, this frequent respiration is favorable, and indeed absolutely necessary to sustain life. It is desirable that the increased frequency should compensate for the pulmonary obstruction; but it is rarely fully sufficient for this purpose. The “tumid, purple face or lips,” constituting a part of the definition of *pneumonitis* in Good and other authors, indicate that, notwithstanding the increased frequency of respiration, still the blood is imperfectly arterialized. A further increased frequency is desirable, provided there is not a corresponding increase of the pulmonary obstruction; if this obstruction is diminished, a proportionate diminished frequency of respiration is not unfavorable; but if the respiration suddenly becomes less frequent, while auscultation and percussion detect no abatement of the obstruction within the lungs, the symptom is alarming. It indicates that the nerves of respiration are losing their energy, and that imperfect aeration of the blood, with its consequences, coma, muttering delirium—in short, a fatal asphyxia—will ensue. The more typhoid is the character of the pneumonia, the greater is the danger of this failure of respiration. Indeed, in all typhoid diseases, a torpor of the respiratory nerves is to be apprehended as a common source of danger.

Typhous fever, complicated with pneumonitis, is a disease in which the effects of imperfect aeration of the blood are remarkably prominent. Dr. Southwood Smith, in treating of “typhus mitior with thoracic affection,” very well describes the ordinary phenomena of this disease. “Prominent thoracic affection, as we have seen,” he remarks, “is not infrequent in synochus; in typhus it is more constant; and the signs which denote its existence are more obvious, but they are not precisely the same. The pain in the chest is less severe; it is more often absent altogether; while the sense of stricture and the dyspnoea are more urgent. The cough is more constantly attended with mucous rattle; the respiration is shorter and more hurried. The skin in general is cooler, and it is always more dusky. The dark color of the skin, in severe cases becoming quite livid, is one of the most characteristic marks of intense thoracic affection. The color of the cheek is at first of a deep and vivid red; as the disease advances it becomes of a purple tinge, and at length it is quite livid. In these cases it is not uncommon for the respiration to be from forty to fifty in a minute. The pulse is invariably rapid and weak. The cerebral affection is equally peculiar and characteristic; it never consists of intense excitement; it is never accompanied with violent delirium; it is indicated by confusion and stupor passing rapidly into coma; and it is attended with low muttering incoherence or disjointed rambling, the trains of ideas that pass through the

mind being extremely faint, and linked together by no distinguishable affinity. We know that one of the most essential conditions to the due exercise of the sensorial faculties is the due supply of the brain with arterial blood; but in this state of the system arterial blood does not and cannot circulate through the brain, because it is not formed in the lungs: the patient is in a state approaching to asphyxia, and in very severe cases he remains for several days in as perfect a state of asphyxia as seems to be compatible with life. Why debility should, in these cases, be carried to the utmost possible extent; why such cases should form the most exquisite specimens of the adynamic state, need not be pointed out: the disease is concentrated in the very organ which elaborates the pabulum of life, and that stream which should convey its vivifying and animating influence to every nook and point of the system, is corrupted at its source."—*Treatise on Fever*, p. 169.

With this clue to the prostrating influence of the black blood on the system, it is remarkable that Dr. Smith appears to have drawn no practical inference from it, even in the thoracic cases under consideration; and it is scarcely less remarkable that he should not have traced the effects of this influence in the other forms of typhus, and in other fevers. These effects of imperfect aeration of the blood are almost equally observable in the "typhus mitior with cerebral affection," and other forms of fever described by this author, and especially in typhus gravior.

The author also omits to mention the important fact that pneumonia, when occurring with typhus, is ordinarily of a *latent* character. Sometimes it manifests the thoracic symptoms which he has described; but more commonly not only the pain in the chest is "absent altogether," but no "sense of stricture" is complained of, there is no cough or expectoration, and, unless in the advanced stages, there is no "mucous rattle."

Another important omission in the detail of symptoms might seem remarkable, were it not common to most authors; in the description of one hundred and fifteen cases of fever, the number of respirations in a minute is stated in only two or three cases. That almost all authors neglect this point, while variations in the frequency of the pulse are carefully and minutely detailed, is sufficient evidence that the importance of the relative frequency of the respiration and the pulse has been most unaccountably overlooked.

Delirium tremens.—In this disease, according to my observations, there is always this imperfect respiration. Ordinarily there is a remarkable relative infrequency of respiration, even when the disease is complicated with affection of the lungs. Authors generally appear to be unaware how commonly this disease is thus complicated. In May, 1832, I lost a patient with delirium tremens, who had manifested few symptoms of pulmonary affection; but after death the lungs were found very extensively engorged. The case induced me to examine particularly for latent affection of the kind in all cases of this disease. Since that time, now six years, I have attended more than 60 cases, and have been surprised to find in every case decided indications of pulmonary engorge-

ment. In most cases there is, in the early stages, a distinct crepitation, such as ordinarily attends pneumonitis; in other cases the sound is such as indicates edematous engorgement, resembling the sound produced by squeezing a wet sponge, by wringing wet clothes, or by the effervescence of fermenting liquors. The engorgement appears to be of a passive kind, being manifested in the most depending portions of the lungs—about the posterior portions, if the patient has been lying on the back; or in the inferior lobes, if he has been long in an erect posture. I am inclined to believe that this engorgement, which prevails through the whole course of the disease, has commonly been mistaken, in post-mortem examinations, for that passive accumulation in the back of the lungs which takes place in most diseases in the last moments of life, or after death. Since turning my attention to this point, my experience has coincided with that of the late Dr. David Hosack, of New York, who stated, in his lectures, that he had always found delirium tremens complicated with pulmonary disease.

As before remarked, the respiration is ordinarily infrequent. The ratio between the respiration and the pulse is sometimes 1 to 6 or 7, even when there is considerable pulmonary engorgement. This condition of the respiration accounts for the livid skin, and may be a principal cause of the cerebral perturbation and the trembling which characterize this disease.

Night-mare (*Ephialtes nocturnus* of Good) is unquestionably owing to imperfect respiration. This disease is described by Dr. Good, as “produced during sleep, and interrupting it with violent struggle and tremor: the pressure on the chest seeming to be that of some hideous monster or phantom.” The respiration is remarkably infrequent, irregular, and interrupted; and commonly attended with a noise indicative of anxiety and distress. The mental hallucination is sometimes an apprehension of being crushed by some heavy weight, or of being violently grasped by some hideous animal, or of being smothered under a bed, or of being tightly bound or closely confined. In general, the hallucination is such as appears to have its origin in some interruption of the respiratory motions; and it is quickly dispelled by awaking, or by any external impression which excites the motions of respiration. It occurs during sleep, when respiration is deprived of the aid of the will; and is in many cases excited by a full meal taken at bed-time, which operates, in part, at least, to impede the motions of the diaphragm. It most commonly occurs when a person is lying on the back, probably because in this position the weight of the lungs presses on the ganglia and trunks of the organic nerves, and the abdominal viscera crowd against the diaphragm, more than in other postures of the body.

[To be continued.]

CASE OF ACUTE HEPATITIS.

(Concluded from page 235.)

REMARKS.—If the doctor's case can be identified with any known disease, it must be that of acute hepatitis of the membrane of the liver.

But here several symptoms were lacking to carry out the complete identity—as: 1. The absence of a chilly fit. 2. The absence of cough. 3. The absence of fever. And, 4. The speedy and sudden close of life.

Of a case of the kind so rapidly terminating in a fatal issue, I know of no instance upon record. And the inquiry will naturally arise as to the causes which should have so suddenly thrown so noble a corporeal frame into the arms of death.

We know that such sudden terminations of life take place in all great epidemics, as the communication to which I have referred at the beginning, fully portrays. Now the individual symptoms of all mortal epidemics do occasionally appear in sporadic cases. It is, however, in the present instance, difficult to conceive that the pain, although excruciating, should have so suddenly exhausted the system; because experience teaches that extreme pain, without fever, may be borne, and has often been borne, for a great length of time without producing death.

Perhaps the author is not to be found who does not insist upon a resort to the lancet in a case of acute hepatitis. Still, in the case of Dr. H., had my doubts of the propriety of using it entirely dissuaded me from its use, I now think that I should not have regretted it; although, had he died without bloodletting, as he himself wished to be bled, and as the authority of the medical world was in its favor, it is not certain but my regrets would have been still greater.

It is to be considered that the article entitled *MORS EPIDEMICA*, in your Journal, was not published till long after the occurrence of this case. And with great propriety may the remarks therein contained be made to embrace sporadic cases, as it so well does epidemics.

It may easily be believed that I could not let the examination pass before me without having an eye to the discovery of the causes of the doctor's constitutional, perhaps *hereditary*,* malady—extreme hypochondriasis. There was nothing, however, discovered of that state of chronically diseased viscera which our great writers describe. But here we must beg leave to make a few remarks of our own. Whether they will be well received or not, we cannot tell. No one ventures to travel a new and untrodden path, without having some apprehensions of getting lost. Suffice it to say, that that path has not yet been found out which leads to the source of this most *uncomfortable* of all human maladies—hypochondriasis.

That the seat of hypochondriacal complaints is in the abdominal viscera, will be taken for granted; at least with us, and, as we think, will be contested by none. When, therefore, we saw the colon lying far out of its place, so as perhaps to be quite three inches higher than in other subjects, our theory embraced the fact, that hypochondriasis might be owing to *error loci of the viscera*. For the colon could not have been thus displaced without the other viscera suffering also. The stomach must have been pressed upward and backward. Hence dyspepsia and all its train of evils, so apparent, so long continued, so distressing, and

* The writer of this article attended an aged maternal uncle of the doctor's, who was affected with this same hydra-headed malady-monster.

so hard to remove. Hence that most effectual of all our remedial agents, riding on horseback. And in this identical case I happened to know that the health and happiness of Dr. H. depended very much upon this mode of gestation.

Yours, &c.

Lebanon (Conn.), April 26, 1838.

JOSEPH COMSTOCK.

P. S.—The smoking moderately of tobacco is one of the very best remedies, besides riding, for dyspepsia. But the mode of its operation had long puzzled me, until, in connection with this case and dissection, I considered its antispasmodic properties, and its tendency to quicken the peristaltic motion. One thing further. Those who have hernia, when the intestine is out of place, undergo constant dragging, unbearable uneasiness without pain, similar to the never-ceasing complaints of the hypochondriac.

J. C.

MEDICAL BOTANY.

BY SAMUEL A. TOOTHAKER, M.D.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—After a lapse of some months, I now propose to continue my communications for the Journal, on Medical Botany; not so much with a view to instruct others, as to call the attention of the profession to a few plants, and to elicit facts from those better acquainted than myself with their therapeutic properties.

S. A. T.

NO. IX.—HERACLEUM. MASTERWORT. COW-PARSNIP.

Sex Syst.—Class pentandria; order digynia. *Nat. Order.*—Umbelliferae. *Gen. Char.*—Fruit with a membranaceous margin; ribs three, dorsal, obtuse; intervals and commissure with clavate spots; flowers sub-radiant; involucre none or irregular, caducous.

Specif. Descrip.—*Heracleum lanatum*. Leaves ternate, petiolate, tomentose beneath; leaflets petioled, round-cordate, lobed; fruit orbicular or elliptical, emarginate. It is abundant in many parts of the Eastern and Middle States. It may be found in Dorchester and in Billerica. It grows in wet meadows, and flowers in June; has a large, perennial, fibrous root. Stem from three to five feet high, thick, tubular, pubescent; umbels large; flowers white. This is one of the largest and most beautiful of our indigenous, umbelliferous plants, but its chief importance is as a remedy. It has been noticed by a few medical writers, but its value is not generally known to physicians. It was called *heracleum spondylium* in the first editions of Thacher's Dispensatory; and by Dr. Orne, *spondylium vulgare hirsutum*, probably from the idea that it was specifically the same plant as the oriental cow-parsnip, known by both of these names. The *heracleum spondylium* of Linnæus; *foliolis, pinnatifidis, lævibus; floribus uniformibus*, is an exotic, called *cow-parsnip, all-heal, &c.*, "which in Siberia grows extremely high, and appears to have virtues in the cure of dysentery." It has been used for the

bite of serpents. Torrey, Eaton, Bigelow, Wood, Michaux, and Willdenow, all agree in calling the American cow-parsnip *heracleum lanatum*.

Masterwort is a name which has commonly been given to another plant not indigenous to this country, the *imperatoria obstruthium*; but it is now, equally with *cow-parsnip*, given to the *heracleum*. Neither the *wild parsnip* nor *Alexanders* (*Smyrnum aureum*) need be mistaken for *heracleum*.

The parts of this plant most used in medicine are the seeds and root. Of their comparative value I am yet uncertain. Dr. Bigelow says, "Its taste is strong and acrid. The bruised root or leaves, externally applied, excite rubefaction. It appears to possess a virose character, and should be used with caution, especially when gathered from a watery or damp situation." The dried root has an unpleasant smell, somewhat resembling that of valerian, and a nauseous, bitter, pungent taste. The seeds have a somewhat fragrant odor, and an aromatic, pungent taste. I have known the latter used freely as a remedy, for some years, without the slightest symptom of a poisonous effect being caused by them. I have also used them freely since engaged in practice, and have taken them myself, without ever witnessing any effect of this kind. Yet I am inclined to believe they are possessed slightly of a narcotic principle. They are a valuable stimulant and carminative, and probably possess deobstruent and anodyne properties. I have found them of considerable service in gastric and hepatic affections, given in combination with laxative or cathartic medicines. They are a valuable adjuvant to senna and salts. I have given them with good success for the relief of severe strangury pains, and believe them to act as a diuretic to some extent. By infusion they probably lose a part of their valuable properties. They may be given in substance or tincture. A strong tincture is easily made of them with alcohol, of which a drachm or two may be given at a time, and repeated as occasion may require. In substance from 10 to 30 grains may be taken for a dose.

Perhaps the root may possess more of a narcotic principle than the seeds, but I have eaten a scruple of the dried root without inconvenience. Dr. Orne seems to have cured three cases out of five of epilepsy by the free use of this plant, giving two or three drachms of the dried root daily, and a strong infusion of the tops. "In the hands of other practitioners," says Dr. Thacher, "this plant has manifested considerable efficacy, exerting its peculiar powers immediately on the stomach as an excellent carminative, and, if it does not cure epilepsy, it generally mitigates the distressing symptoms attending that disease. In some cases of dyspepsia, accompanied with flatulences and cardialgia, a strong decoction of this plant has been given by Dr. Mann with satisfactory success." Another writer says, "The roots are carminative and anti-hysterical. They remove hysterical complaints, flatulence, vertigo, dimness of sight, trembling and anxiety—help the appetite, and have cured the epilepsy."—*Family Physician*.

There is little reason to doubt the value of *heracleum* as a remedy for dyspepsia, oppression at the præcordia, vertigo, palpitation, &c., when depending on an atonic state of the stomach, causing flatulence and

acidity ; and, as such affections are common in hysteria, it would doubtless relieve those symptoms, if it did not exert a direct influence on the disease. It may act efficiently in suppressed catamenia, and perhaps in some cases of amenorrhœa and dysmenorrhœa may have a salutary effect.

The seeds are highly charged with a volatile, aromatic oil, in which probably much of their peculiar properties reside. I have never seen this circumstance alluded to, but am perfectly satisfied of the fact, and that by distillation they would yield an essential oil in considerable quantity. If to the alcoholic tincture an equal quantity of water be added, the oil will be seen floating, and, after shaking, a whitish mixture will be formed.

Cambridgeport, May, 1838.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 23, 1838.

LOUISVILLE JOURNAL OF MEDICINE AND SURGERY.

WITH the triumphant establishment of the new school of medicine, at Louisville, Ky., a new quarterly Journal has also been ushered into being under the guiding influence of the faculty of the Institute. The specimen number is exceedingly creditable in external appearance, which is something of a recommendation in the eye of the world. But its real character is developed in its pages ; and as far as we can discover, it is destined to become a high toned, elevated, spirited, and in all respects a valuable repository of western medical literature and science. Some of the leading articles are too heavy—a fault which can easily be obviated in future numbers. Dr. Brent's paper on the Extraction of Nasal Polypus ; Dr. Bell's miscellaneous cases, with remarks ; and Dr. Rodger's Fatal Case of Rupture of the Uterus occurring at the fifth month of utero-gestation, &c., are decidedly valuable contributions. Professor Caldwell is without a rival in this country, as a strictly medical writer. There is strength and peculiar vigor in every line of his inditing—and yet he seems not always to be appreciated, because he is not always understood. When he designs to be severe, he makes enemies ; and when the lion is in a playful mood, the smaller animals are afraid to trust themselves too near the lair. With our best wishes for the individual success of the different chairs of the Institute, and for the Journal, too, which must ultimately become its special herald, we can heartily recommend both to the encouragement and direct patronage of the medical profession.

Dr. Hooker's Essay.—The reader will derive much advantage from a careful examination of Dr. Hooker's paper continued in this day's Journal. He is a thorough and patient investigator, and therefore comes before the medical public in a way to command their respect.

Scarcity of Leeches.—A complaint has been repeatedly made, of late, that leeches are too scarce in this city, and consequently those for whom they are prescribed are often obliged to pay much more than they can well afford. The sick ought not to be subjected to an unreasonable expense. Whether the market is kept purposely poorly supplied, or whether there has been a difficulty in procuring a sufficient supply from abroad, has not been ascertained. The effort of the Massachusetts Medical Society to rear leeches at home, in sufficient abundance to meet the demand, is not likely to succeed, as was at one time anticipated.

Retreat for Invalids.—Practitioners desirous of procuring a temporary residence for their patients, in the country, remote from the business, the noise, and the impure atmosphere of the city during the heat of summer, may direct them with confidence to the Retreat under the care of Dr. A. Wilder, in the quiet, rural town of Groton, in the County of Middlesex, about forty miles from Boston.

The Philadelphia System of Midwifery.—It is gratifying to learn that Dr. Meigs's recent work is well received by those best qualified to appreciate its value. If it could be sold a little cheaper, very many in the country would purchase, who now deny themselves what they actually consider a desirable acquisition, simply because nothing *dear*, in the book way, can be afforded. Let it be recollected by publishers that country practitioners, in the small towns of the interior, receive but little money for their services, and that irregularly. Books must be fitted to the times, and to the circumstances of those for whom they are designed.

English Physicians in France.—The affair of the English physicians at Boulogne has terminated in the condemnation of Drs. Carter, Scott, Shuter, Allatt, and Galbraith, to the payment of a trifling fine, which, however, is equivalent to an interdiction from practising medicine in France. This decision has naturally been very unsatisfactory to the English residents at Boulogne, who have forwarded a petition to the King of the French on the subject; but their application will, probably, be of no avail, for we have been informed that, at a recent meeting of the Senate of the University of France, not less than ten demands from foreign physicians for permission to practise, have met with a decided refusal. A leading French medical journal suggests, that physicians furnished with diplomas from any foreign university or chartered body, should be immediately admitted to the final examination (at a reduced fee) before the Faculty of Medicine of Paris. This appears to be the only feasible way of compromising the matter.—*London Lancet.*

Cinchona Bark.—From various arguments adduced it appears that all the useful constituents of Peruvian bark may be obtained by the aid of menstrua slightly impregnated with alcohol and spirituous ethers, or with acids. With a view to investigate this subject, Dr. Hancock commenced various experiments in the year 1826; the main results were briefly these: the simple infusion of the bark in plain water became foetid in three or four days, losing its faint cinchonic odor, and having no taste

of the bark ; others, with the addition of acids, retained their taste and odor for months.—*Ibid.*

Medical Miscellany.—In 161 towns in New Hampshire, in which the population was 193,569, there were 312 maniacs—and most of these wretched creatures are confined to dungeons or cages, or loaded with chains, to the everlasting disgrace of that otherwise civilized State.—A human skeleton has been brought to Baltimore from the Rocky Mountains, near the head waters of the Missouri, measuring *eight feet and nine inches in height*, and weighing *one hundred and eighty pounds*.—The Vermont Mercury speaks of the medical school at Woodstock as being very prosperous.—The Emperor of Russia has ordered Baron Heurteloup to procure some lithotritical instruments, especially directing that they shall be made in London, with which the Parisian instrument-makers are not very well pleased. One of them, M. Charriere, has offered a prize of 500 francs to the English maker who will manufacture one as good as his, Baron Heurteloup to be the judge.—A family were lately poisoned in Galena, by eating a quantity of the root of the water-parsnip.—Dr. Frost, lately tried in Springfield, Mass., for mal-practice in a case of fracture of the leg, has had a verdict rendered in his favor.—Dr. Automarchi, the physician who accompanied Napoleon to St. Helena, recently died of yellow fever at St. Jago de Cuba.—A family were lately poisoned in Bloomfield, Ct., by the use of the *veratrum viride*, or poke root, which was mixed with the greens partaken of at dinner. By free vomiting and diffusible stimulus, together with external irritants to the region of the stomach, and heat, the powers of nature were aroused, and the patients recovered.—The Thomsonians have lately published a letter from Prof. Tully, of New Haven, on *lobelia inflata*, in which he states that he has employed this article for 27 years, and witnessed its employment by others, without discovering the least trace of any narcotic effect from it, and he therefore considers it entirely destitute of narcotic power. Dr. Bigelow, and our correspondent “A.” in the last volume of the Journal, consider it narcotic.—Of three ourang outangs, which were shipped for this country, one has lately arrived in Boston. An opportunity was offered on their passage to test the effect on them of exclusive vegetable food, the result of which was, if the published accounts are correct, the death of two, and the rapid decline of the other, which was saved only by the liberal supply of animal food. The dental apparatus of these animals much resembles that of man.—The smallpox has broken out in the State prison at Trenton, N. J. The first person who fell sick had been in solitary confinement more than a year.—A new medical work is in press at Louisville, Ky., by Dr. J. C. Gunn.—In 1802, a revolutionary soldier, whose name was Kittering, revealed to the Legislature of Pennsylvania a *specific for hydrophobia*. It was the herb *chick weed*, *anagallis plicinea* ; given, when dry and pulverized, from a drachm to a scruple dose, in beer, which proved to be about as efficient as pulverized sawdust.—A physician, in Michigan, has been committed to jail on the charge of having poisoned a patient, the husband of a very fair lady.—The Commissioners of the Greenwich Hospital advertise, in the London Morning Herald, that they wish to contract for two thousand eight hundred tons of New Castle coals.—Pneumonia attacks new-born children much more frequently than is commonly supposed to be the case ; it is too often mistaken for common catarrh, from which, indeed, it is not easy to distinguish it.

TO CORRESPONDENTS, &c.—The communication from Dr. Barber, of Illinois, is added to our list of accepted articles.—Mr. Cambell, the publisher, will please accept our thanks for an early copy of a little treatise on Epidemic Diseases. In the mass of pamphlets, books, letters, &c., which have accumulated upon our hands of late, this must take its turn. Owing to the length of several communications, which are necessarily continued through successive numbers of the Journal, many editorial paragraphs relating to passing medical events, have been postponed, till, in fact, the interest in them has passed by. With regard to books, however, those which are rightly in the order of professional chronicles will not be forgotten. Our friends and correspondents, therefore, with these explanations, it is hoped, will not consider themselves intentionally neglected.—The meeting of the Massachusetts Medical Society takes place on Wednesday next, instead of Monday, as incorrectly stated a few weeks ago.

Whole number of deaths in Boston for the week ending May 19th, 22. Males, 10—Females, 12.

Consumption, 2—marasmus, 1—old age, 3—measles, 1—disease of spine, 1—inflammation of the bowels, 1—inflammation, 1—debility, 1—dropsy on the brain, 1—scrofula, 1—pleurisy fever, 1—disease of the heart, 1—scirrhous of the omentum, 1—ovarian dropsy, 1—dropsy, 1—infantile, 1—stillborn, 1.

MASSACHUSETTS MEDICAL SOCIETY.

THE Annual Meeting of the Massachusetts Medical Society will be held at the Society's Room, Athenæum Building, Pearl Street, on WEDNESDAY, 30th inst., at 10 o'clock, A. M. The annual discourse will be delivered at 1 o'clock by EBENEZER ALDEN, M.D. Literary gentlemen interested in medical science, and students in medicine, are respectfully invited to attend.

A stated meeting of the Counsellors will be held on the day following, at the same time and place.

JOHN HOMANS, *Rec. Sec.*

M16—3w

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	- - -	DR. WARE.
On the Principles and Practice of Surgery,	- - -	DR. OTIS.
On Anatomy,	- - -	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$10—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 18—tf

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works. Anatomical instruction and private dissection will form a prominent part in the study of the pupils. For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

MEDICAL INSTRUCTION.

THE subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

JOSEPH H. FLINT.

Springfield, January, 1838.

Jan. 17.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every advertisement *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVIII.]

WEDNESDAY, MAY 30, 1838.

[NO. 17.]

CASES OF LACERATION OF THE IRIS (WITH A COLORED PLATE.)

BY EDWARD J. DAVENPORT, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

LACERATION of the iris is not an infrequent result of blows and injuries of the eye, and it generally takes place at the union of that membrane with the ciliary ligament. The natural tendency of the iris to become separated, in cases of violence to the eye, from the ciliary ligament, first led Scarpa to propose the formation of artificial pupil by detaching it from that part. With an important modification, Scarpa's method is still adopted in certain cases of closure of the pupil; but the artificial pupil, as formed by him, has been found, for some reason or other, to be more liable to close, than when it is the result of accident. Lacération of the iris sometimes occurs in such a manner as to form a *second* or *accidental* pupil; while in other instances a much more extensive separation takes place, and more or less of the iris may be lost, either by the process of absorption or by a prolapse through a wound in the cornea.

A case of laceration and absorption of the iris is mentioned by Wardrop, in which "a thorn having penetrated the eye, after the subsequent inflammation was removed, the whole of the iris was found to have disappeared, except a very narrow stripe, which extended across the eyeball. The vision of this eye remained extremely indistinct, unless assisted with a convex glass, or by looking through a small hole made in a card."

The following case is offered as an illustration of laceration and prolapse, while at the same time it presents a remarkable instance of the recovery of the eye from the effects of severe injury, in a great measure by the spontaneous efforts of nature.

Thursday, 28th September, Bartholomew Kearney, a robust Irish laborer, received a violent blow upon the left eye, from a fragment of stone. I saw him soon after the accident, and found, upon examination, an oblique and irregular wound, about 4 lines in extent, of the inferior and inner part of the cornea; a considerable portion of the inferior and nasal part of the iris, torn from the ciliary ligament, protruded through the wound and hung down upon the eyeball; the anterior and posterior chambers of the eye were filled with fluid blood, so as entirely to conceal from view the pupil and remainder of the iris; the cornea was rendered prominent by the pressure of the contents of the globe, par-

ticularly at the wounded part; the ocular conjunctiva was somewhat injected. The patient complained of great pain, which he referred to the eyeball; and vision in this eye was extinct, at least for the time being. To prevent any additional irritation from the exposure of the prolapsed iris to the atmosphere and to the friction of the eyelids, it was removed with forceps and curved scissors. A small quantity of bloody serum escaped at the moment from the anterior chamber, after which the edges of the wound were carefully adjusted, and a compress wet in cold water was secured upon the eye with a light bandage. Venesection and an active cathartic were prescribed, together with the antiphlogistic diet and regimen proper to the case. From accidental circumstances, the patient was not seen again until Saturday, when he stated that he had in the meantime been visited by an irregular practitioner of medicine in this city, whose treatment consisted in the external use of the extract of belladonna, and the frequent application to the wounded eye of powders of calomel and white sugar, blown into the eye through a quill! The inflammation had now considerably increased, the vessels of the eye tending to form the zonular arrangement around the cornea, indicative of internal and deep-seated ophthalmia. The pain was severe, though not constant, and was referred chiefly to the brow, temple, and cheek bone; the intolerance of light and lachrymation were moderate. Notwithstanding the high degree of inflammation, absorption of the blood effused in the chambers of the eye had already taken place so far as to allow the superior part of the iris, and a small portion of the dilated pupil, to be seen. The patient reports that he can distinguish the outlines of large objects.

Monday. The process of absorption continues to advance; nearly all the superior half of the iris and pupil is now visible, and the color of the former is very perceptibly changed from a greyish blue—the natural color—to a light green. The circumorbital pain has diminished, and the power of vision is improving. Has discontinued the powders, the treatment being confined to the daily exhibition of purgatives and the application of cloths, wet in cold water, on the eye.

Wednesday. Shreds and patches of blood are visible in the pupil, and also red spots scattered upon the surface of the iris; a portion of coagulated blood remains about and below the corneal wound, and at the lower part of the anterior chamber is seen, indistinctly, the accidental pupil, rendered obscure by coagula not yet absorbed.

Friday, 9th day. Scarcely a trace of blood remains in the anterior chamber. *The false or accidental pupil* (as represented in the accompanying plate) presents the appearance of being a continuation or enlargement of the natural pupil, forming with that a large and irregular aperture, by the separation of nearly one half of the circumference or external margin of the iris from the ciliary ligament. A point of the pupillary margin of the iris, of a triangular shape, has become engaged in and adheres firmly to the opaque cicatrix left by the wound of the cornea. The cicatrix forms a point of attachment for this part of the iris, by which the inferior boundary of the natural pupil is in some measure preserved. This cicatrix is shown in the plate by a white



Laceration of the Iris - with vision unimpaired.

opaque line, crossing the cornea obliquely just below the axis of vision, and passing through the substance of that tunic.

Sunday. The entire pupil is black and transparent, or nearly so; the iris, however, does not manifest any contraction or dilatation upon exposure to different degrees of light. The patient can now distinguish large print with the injured eye, but still complains of an appearance of a haze or mist. Has not had, at any time, *muscæ volitantes*, nor luminous spectra. In a few days after this visit he was able to return to his work, guarding the eye with a pasteboard shade.

November 12th. The wound of the cornea has become firmly cicatrized, the cornea retaining its natural size and convexity. The superior half of the iris dilates and contracts moderately well; the inferior portion being attached to the cornea, is of course without motion. By contracting the lids very slightly, vision is equally as perfect as in the sound eye.

Three other well-marked cases of laceration of the iris, the result of injury, have fallen under my notice. Of one of these, complicated with opacity of the crystalline lens, I gave an account in a former number of this Journal. The second case, when seen for the first time, was accompanied with complete amaurosis, and the iris had nearly disappeared. The third case was that of an intelligent young man—a blacksmith—who was struck by a piece of iron upon the right eye, with such violence that the cornea was ruptured in its transverse diameter, and a part of the contents of the globe escaped. When the eye recovered from the inflammation, the greater part of the cornea was found opaque, and there was closure of the natural pupil, with obliteration of the anterior chamber, except at the superior margin of the cornea, where a false pupil had been formed by the detachment of the iris from the ligament. Through this pupil he can see large objects pretty distinctly. Luminous bodies, as the fire or the flame of a candle, to this eye, appear to be greatly multiplied, so that he can at any time amuse himself with an illumination by the aid of three or four common lights. The central image, this patient informs me, is by far the most distinct; those extending horizontally on either side becoming more faint until they cease to make any impression on the retina. It is worthy of remark that within a few months after the above-mentioned accident occurred, the left eye, without any other assignable cause, was attacked with *aquo-capsulitis*, or inflammation of the lining membrane of the anterior chamber, involving finally the iris. This eye recovered chiefly under the use of depletory remedies, followed with an alterative course of calomel and opium.

No. 4 Winter Street, May, 1838.

SYMPTOMATIC HEMIPLEGIA.

BY WILLIAM J. BARBEE, M.D., OF ILLINOIS.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called on April 10th, 1836, to a little boy three years of age, who for several days had been very fretful, complaining with derange-

ment of the chylopoietic viscera, attended with a slight catarrh. In the course of my examination of the case, I discovered that in putting out his tongue he inclined it to the left; that his lips had a downward left inclination; and that the left eye remained open, while the right was winking. My attention was immediately directed to the little patient with a considerable degree of interest, and I forthwith commenced a more minute examination of the case. I desired him to raise his left arm. After a long-continued effort he succeeded in elevating the fore arm about eight inches from his body, resting the humerus entirely upon the ribs. I next directed him to kick some object on the floor with his left leg, but in this he failed, and could merely draw this limb after the other in walking. I now pinched the muscles of the arm, thigh, and leg, and the patient was able to remove himself from the impressions only by moving the whole body.

The case appeared to be one of hemiplegia, in as well-marked form as it usually appears, and I inquired of the mother if she had noticed the affection for any length of time. She replied that since his birth he seemed to have the palsy in the left side, and that he was much worse on some days than others.

I prescribed a purgative, with a view of correcting the morbid state of the stomach and bowels, to be followed by a dose of ol. ricini if necessary, and the subsequent use of flaxseed tea through the night in case of increased cough. I then took my leave, promising to return in twenty-four hours.

April 11th, 4 o'clock, P. M. Visited my patient some three or four hours after the time promised. The reader may form some idea of the change which had taken place since the day previous (as well as my own astonishment) when I state that the patient met me at the door with both arms extended at full length, and wheeling about very playfully, ran over the floor as frolicsome as a lamb, as if he were determined to show me he was not the same boy. For some moments I could only gaze and wonder. Upon expressing my surprise to the mother, she smiled, and said that the medicine had operated well, and that as usual he was cheerful and exhibited no appearance of palsy.

I learned, from a conversation during this visit, that the *hemiplegia never appeared except when the patient complained of some derangement of the primæ viæ, and that so soon as this was corrected all signs of paralysis would disappear.* This statement was fully confirmed some weeks subsequent. About the latter part of the following May, the child was quite ill with worms, and during the whole time of its sickness hemiplegia was present, and appeared to be modified according to the degree of irritation existing in the alimentary canal.

Paralysis of any extent has generally been regarded, I think, by the profession, as an *idiopathic nervous affection*. Upon examining several eminent authorities, I find that they view it as an organic lesion, assigning, as its cause, pressure upon nervous matter (from extravasation of blood, or mechanical violence), or alteration of structure from the long-continued action of disease.

Dr. Potter, one of the annotators of Dr. Gregory, expresses his views

of the proximate cause of hemiplegia, in the following language. "Hemiplegia can only be the effect of a want of that sensorial power which is distributed to the nerves from the brain in health; and although all the more prominent symptoms of apoplexy may not be present, *the paralysis clearly demonstrates that there must have been some injury done to the nerves at their origin, which disabled them in the performance of their ordinary functions.*"

Dr. Eberle remarks, that "*pressure on the brain is the chief immediate cause of hemiplegia;*" and that "the most frequent morbid appearance discovered on dissection, is organic lesion or injury of the cerebral substance."

The remarks of the latter author are doubtless correct, and contrast greatly with the positive, exclusive statements of Dr. Potter. How often do we observe a temporary paralysis, amounting to hemiplegia, occur in the course of an attack of phrenitis, and the same phenomenon accompany and follow a variety of idiopathic nervous affections?

But what shall we say of the case just recorded? In the course of three years practice (private and hospital) it is the first case of symptomatic hemiplegia I have witnessed. Partial paralysis, from irritation of the mucous lining of the stomach, is not an uncommon occurrence, but I am disposed to believe the former a rare phenomenon.

March, 1838.

THE MEDICAL SCHOOL IN BOSTON.

THE Medical Faculty of Harvard University, believing that the practical advantages afforded to students in their school of medicine, are of a high order, and comprise the facilities which are requisite for a finished medical education, have thought proper to make a short exposition of the present state of that institution.

Complete courses of lectures are given on all the branches of medical science, illustrated by extensive collections of specimens and apparatus appertaining to all the subjects. The cabinet of pathological anatomy is hardly exceeded in the United States, and the apparatus in chemistry, midwifery, and materia medica is expensive and ample. By a late law of the State, the practical pursuit of anatomy has become legalized, so that subjects are not wanting, at a very trifling expense, for the purposes of dissection. A large and convenient dissecting room has been added recently to the college, and is under the superintendence of a demonstrator, who gives his personal attendance and instructions.

The annual course of lectures begins on the first Wednesday in November, and continues daily for three months. Afterwards, lectures on all the branches are continued one month longer to those students who choose to remain.

Anatomy and operations in surgery, by John C. Warren, M.D. Edward Reynolds, M.D.* Chemistry, by John W. Webster, M.D. Materia medica and clinical medicine, by Jacob Bigelow, M.D. Mid-

* Dr. Reynolds is lecturer on anatomy during the absence, till next summer, of Dr. Warren in Europe.

wifery and medical jurisprudence, by Walter Channing, M.D. Principles of surgery and clinical surgery, by George Hayward, M.D. Theory and practice of physic, by John Ware, M.D.*

The Medical School of Boston derives peculiar advantages from the connection which has always subsisted between this institution and the Massachusetts General Hospital. The Hospital is visited daily by the physicians and surgeons throughout the year, and a daily record is kept of the symptoms and treatment of each patient from the beginning to the end of his residence. These records are dictated by the attending physicians in the presence of the pupils, during the actual examination of the patients, and are immediately written down by the house physician. More than 80 folio volumes have been filled with these records since the opening of the hospital in 1821. In cases which terminate fatally, post-mortem examinations are carefully made, and the pathological changes observed, are appended to the history of the case. Clinical lectures on the existing cases and diseases, are given at the hospital several times in a week during the winter session.

Nothing is so indispensably necessary to medical students as the opportunity of seeing actual cases of disease in their daily progress, and of having their diagnostic signs faithfully pointed out, together with explanations of the progress, changes, and treatment of the different stages. The opportunity for accomplishing this object at the Massachusetts General Hospital, may be estimated from the following enumeration of cases and their results which occurred in this institution during the year 1837, now just completed.

Diseases.	No. of Cases.	Results.
Amenorrhœa,	6	Relieved, 3; not relieved, 2; transferred, 1.
Anasarca,	1	Recovered.
Apoplexy,	1	Recovered.
Ascites,	2	Recovered, 1; much relieved, 1.
Asthma,	3	Relieved.
Brain, various lesions of,	3	Died.
Bronchitis, acute,	2	Recovered, 1; relieved, 1.
" chronic,	1	Recovered.
Catarrh, acute,	3	Recovered, 2; remaining, 1.
" chronic,	1	Much relieved.
Chest, abscess in,	2	Relieved, 1; died, 1.
Cholera morbus,	3	Recovered.
Chorea,	1	Recovered.
Costiveness,	2	Recovered.
Cynanche tonsillaris,	3	Recovered.
Diarrhœa, chronic,	2	Not relieved.
Dysentery,	4	Recovered.
Dysmenorrhœa,	9	Recovered, 3; relieved, 5; not relieved, 1.
Dyspepsia,	8	Recovered, 3; relieved, 3; not relieved, 2.
Dysury,	1	Recovered.
Eczema,	7	Recovered, 3; relieved, 2; not relieved, 2.

* The fees of the courses are from \$10 to \$15; and for the whole of the courses, \$75.

Diseases.	No. of Cases.	Results.
Emphysema of lungs,	4	Improved, 3; died, 1.
Epilepsy,	5	Relieved, 2; not relieved, 3.
Gall stone, abscess from,	1	Relieved.
Gout,	1	Remaining.
Hematemesis,	1	Relieved.
Hemoptysis,	1	Discharged unfit.
Hem'age from bowels,	1	Relieved.
Hemorrhoids, bleeding,	1	Recovered.
Headache, acute,	2	Recovered.
" chronic,	8	Recovered, 3; relieved, 3; not relieved, 2.
Heart, hypertrophy of,	3	Died, 1; not relieved, 2.
Hemicrania,	1	Relieved.
Herpes,	1	Recovered.
Hypochondriasis,	4	Recovered, 2; relieved, 2.
Hysteria,	5	Recovered, 1; relieved, 2; remaining, 2.
Influenza,	3	Recovered.
Intermittent fever,	6	Recovered, 5; transferred, 1.
Kidney, chron. dis. of,	2	Relieved, 1; died, 1.
Leucorrhœa,	4	Relieved, 2; not relieved, 2.
Lungs, gangrene of,	1	Died.
Measles,	1	Recovered.
Melancholy,	1	Not relieved.
Meningitis, tubercular,	1	Died.
Menorrhagia,	3	Recovered, 2; transferred, 1.
Mimosis,	2	Relieved, 1; not relieved, 1.
Mumps,	1	Recovered.
Neuralgia,	7	Recovered, 5; relieved, 1; not relieved, 1.
Paralysis,	4	Relieved, 2; not relieved, 2.
Pemphigus,	1	Recovered.
Pericarditis,	4	Recovered, 1; died, 1; relieved, 2.
Phthisis, including } cases of tubercles, }	29	Died, 9; relieved, 5; not relieved, 15.
Pleurisy,	2	Recovered, 1; relieved, 1.
Pneumonia,	19	Recovered, 12; relieved, 3; died, 4.
Pneumo-thorax,	1	Died.
Psoriasis,	2	Recovered, 1; relieved, 1.
Purpura,	1	Recovered.
Repelled eruption,	1	Recovered.
Rheumatism, acute,	40	Recovered, 20; relieved, 14; remaining, 6.
" chronic,	5	Recovered, 1; relieved, 2; not relieved, 2.
Sciatica,	1	Not relieved.
Struma,	1	Recovered.
Syphilis,	9	Recovered, 4; relieved, 3; not relieved, 2.
Typhus,	36	Recovered, 31; remaining, 5.
Urine, incontinence of,	1	Recovered.
Uterus, prolapsus of,	3	Relieved.
" cancer of	1	Died.

Autopsies are made in all fatal cases when not objected to by the

patient's friends. During the lectures the diseased organs are exhibited and explained to the class in connection with the history of the case. The large cavities and viscera are all examined, and their healthy or morbid condition minutely recorded at length. The following is a brief summary of some of the more interesting lesions and pathological appearances, in the cases examined during the last year.

CASE 1. *Pneumonia*.—Gray hepatization of upper and middle lobes of right lung, and parts of lower; pleurisy over whole of same side. Mucous membrane of air passages intensely inflamed with a deposit of lymph. Rectus abdominis muscles on left side torn entirely across.

2. *Mediastinal abscess* very extensive, containing twenty ounces of pus and lymph, and communicating with the bronchia. Extensive pericarditis. Pleurisy on both sides.

3. *Gangrene of Lung*.—Large gangrenous cavity with gray hepatization of upper left lobe; partial inflammation of lower. Pleurisy on this side. Gangrene extends through the pleura to pectoral muscles and skin. Emphysema with some pneumonia in right side. Cadaveric softening of stomach. Kidneys granulated. Effusion into cavity of brain.

4. *Phthisis*.—Extensive tuberculous disease of both lungs. Old adhesions of pleura superiorly; acute inflammation inferiorly, with serous effusion in left side. Air passages and bronchial glands much diseased. Serous effusion in pericardium and peritoneum. Extensive ulceration of Peyer's glands, and some disease of large intestine.

5. *Pneumo-thorax*.—Right pleura perforated and its cavity distended with air; old adhesions and much recent inflammation. Both lungs tuberculous, with abscess in upper right lobe. Pericarditis.

6. *Pneumonia*.—Hepatization of nearly the whole of right lung, commencing at apex. Acute inflammation of whole right pleura and nearly the whole of left. Recent inflammation of vocal chords, with ulceration of one of them. Recent lymph in cellular membrane between œsophagus and spine. Some tuberculous disease. Recent inflammation of pericardium and peritoneum.

7. *Pericarditis*.—Arachnoid thickened. Great œdema of lungs, with almost universal old adhesion of both pleuræ. Cartilages of larynx ossified. Pericarditis. Inflammation of kidneys. Four lumbar vertebræ consolidated and partially absorbed, probably from caries many years before death.

8. *Tubercular Meningitis*.—Tubercles in pia mater and brain, with lymph at the base. Both pleuræ adherent. Miliary granulations in lungs. Small and large intestines ulcerated.

9. *Tuberculous Disease*.—Tubercles in pia mater and cerebellum, with extensive softening of left hemisphere of brain. Tubercles in lungs, pleuræ, peritoneum, kidneys, uterus, and Fallopian tubes. Fibrous tumor from fundus of uterus. Intestines somewhat ulcerated.

10. *Tuberculous disease*.—Tubercles in cerebrum, cerebellum, lungs, pleuræ, peritoneum, spleen, and kidneys. Left pleura universally adherent. Intestines ulcerated. Suppuration of glands in abdomen.

11. *Phthisis*.—Mucous membrane of trachea and bronchia thickened

and granulated. Old adhesions and some recent inflammations of pleura. Tubercles and cavities in lungs. Ulceration of intestines.

12. *Phthisis*.—Tubercles and cavities in both lungs. Fresh blood in air passages. Mucous membrane of larynx, trachea, and bronchia diseased. Recent pleurisy on left side. Tubercles with ulceration of intestines. Lacteals filled with chyle; peculiar appearance of Peyer's glands.

13. *Cancer of Uterus*.—General anemia of stomach and large and small intestines. Cancerous disease of womb.

14. *Disease of Brain, &c.*—Old apoplectic cyst, with disease of cerebral substance around. Heart much enlarged. Copious serous effusion in each pleural cavity. Pericarditis. Kidneys small, granulated and mottled.

15. *Phthisis*.—Extensive disease of left lung. Few ulcerations of intestines. Old fracture of tibia and fibula with ankylosis of tarsal bones.

16. *Phthisis*.—Very extensive tuberculous disease of lungs, with corresponding disease of air passages and pleuræ. Tubercles and ulcers in small and large intestines. Old peritoneal adhesions with chronic disease of Fallopian tubes.

17. *Phthisis*.—Very extensive tuberculous disease of left lung, with large cavities; less in right. Larynx, trachea, and bronchial glands much diseased. Ulceration and mamelonnement of stomach.

18. *Phthisis*.—Extensive tuberculous disease of both upper lobes. Old adhesion of right, and recent inflammation of left pleura. Trachea, larynx, and epiglottis extensively diseased. Cadaveric softening of stomach. Ulceration of intestines, with tubercles. Internal ear diseased (patient deaf and dumb).

19. *Erysipelas* after removal of a cancerous breast. Slight adhesions of pleura with flakes of lymph. Emphysema. Tubercles. Peritonitis and sero-purulent effusion. Cancerous formations in uterus. Ovaries enlarged to four times their natural size.

20. *Erysipelas* after operation for popliteal aneurism. Extensive abscesses and gangrene in diseased limb. Liver hard and brittle. Biliary calculus in gall bladder.

21. *Malignant tumor*, occupying whole left iliac region from groin to false ribs, from crista ili, dipping down into pelvis, and raising up the psoas muscle and anterior crural nerve. Structure mostly medullary, partly fungous. Iliac vein and upper third of femoral vein filled with coagulum. Left thigh infiltrated with serum and pus, the result of erysipelas. Lower vertebræ diseased.

The following is a list of the surgical cases in the Massachusetts General Hospital in the year 1837. These cases are visited by the students on regular days, and clinical lectures are given. All surgical operations, except in cases of urgent haste, are performed in presence of the class.

Abscess, 7; psoas do., 1; lumbar do., 1; aneurism by anastomosis, 1; popliteal do., 1; ascites, 1; brain, disease of from injury, 1; bruise, 1; burn, 1; cancer of breast, 7; do. of face, 1; do. of tongue, 3;

do. of mouth, 1; contusion, 1; calculus, biliary, with fistulous opening near umbilicus, 1; conjunctivitis purulent, 1; deformity from burn, 1; do. from accident, 1; do. from rheumatism, 1; dislocation of hip, 1; do. of ankle, 2; fissure of palate, 1; do. of rectum, 1; fistula in ano, 5; do. of urethra, 1; fractures of lower jaw, simple, 4; do. do., compound, 1; do. of clavicle, 2; do. of spine, 1; do. of external condyle of humerus, 1; do. of olecranon, 1; do. of ribs, 3; do. of thigh, 6; do. of patella, 1; do. of leg, simple, 11; do. do., compound and comminuted, 5; do. of both legs, compound and comminuted, 1; do. of os calcis, compound, 1; frost bite, 3; fungus hæmatodes of antrum, 2; do. on abdomen, 1; do. of breast, 1; do. of muscles in pelvis, 1; gonorrhœa, 2; hydrocele, 3; hemorrhoids, internal and external, 3; hip-disease, 7; hare-lip, 1; iritis idiopathic, 2; do. syphilitic, 2; injury, general, from accident, 3; do. do. from gunpowder, 2; inflammation, local, 4; do. of mucous membrane of bladder, 1; do. of hernial sac, 1; do. do. do. (sloughing), 1; do. of periosteum, 1; knee joint, synovial inflammation of, 10; do. organic disease of, 4; necrosis of tibia and fibula, 1; do. of femur, 1; nævus maternus, 1; neuralgia, 1; paraplegia from injury, 1; prostate gland, disease of, 4; rigidity of shoulder joint from muscular affection, 1; swelled testicle, 2; scrofula of lip, 1; do. of glands in neck, 7; do. of glands in groin, 2; do. of joints, 6; sprains of wrist, 4; do. of ankles and feet, 1; spinal disease, 2; stricture of urethra, 2; scald, 1; syphilis, 1; tumors, various kinds, 5; do., hydatid of breast, 1; do., encysted over patella, 1; tinea ciliaris, 1; do. capitis, 1; ulcers, various, 10; do. scrofulous, 4; do. varicose, with varicose veins, 4; do. fistulous, 1; do. on cornea, 1; wounds, lacerated, 5; do., contused, 4; do., punctured, 7; do., gun shot, 1.

The following is a list of the surgical operations performed at the hospital during the last year.

Amputation of thigh, 3; do. of leg, 3; do. of toes, 2; aneurism, 1; fistula in ano, 5; fissure in rectum, 1; hare-lip, 1; hernia, 1; hydrocele (by incision), 3; do. (palliative operation), 1; paracentesis of abdomen, 1; removal of cancer of breast, 5; do. of cancer in mouth, 1; do. of cancer in jaw, 1; do. of hemorrhoids internal, 3; do. of hydatid in breast, 1; do. of deformity from burn, 1; do. of nævus by ligature, 1; do. of tumors, various, 4; do. of tumor on abdomen, 1; do. of fungus hæmatodes on abdomen, 1; do. do. do. on breast, 1; do. of testis, 1.

CONGENITAL RETROVERSION OF THE UTERUS.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. H. had been married about 4 months, when I was called to her in the night, and found her prostrated with uterine hæmorrhage. I examined per vaginam, and found the womb retroverted, and about the size it usually is in third month of gestation. I learnt from her mother that this position of the uterus had been so from birth. When the distended uterus began to press upon the hollow of the sacrum, and the neck of

the bladder, she imagined that she had taken *cold*, and was advised to take something *driving*. She was dosed with strong tansy, which brought on pain and hæmorrhage, for which I was called to prescribe. I cannot be mistaken in the case, for the uterus, though retroverted, was at *home*, and did not admit of any alteration of position without violence. Her recovery was rapid.

JABEZ WARD.

Perry Centre, N. Y., May 3, 1838.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 30, 1838.

ARTIFICIAL PUPIL.

A BEAUTIFULLY executed drawing, illustrative of a particular condition of the eye, in this day's Journal, is worth the critical examination of the reader. Without any design of flattering an old and valuable correspondent, it can be said, without fear of contradiction, that but very few have contributed a more valuable series of practical papers on the diseases of the visual organs, than Dr. E. J. Davenport, of this city. It is not improbable that at some future day they may assume a more tangible form, and in the shape of an octavo, entitle the author to a locality on a shelf of all well-selected medical libraries, as a judicious writer on ophthalmic surgery.

The modification of the operation for artificial pupil by laceration or detachment, to which Dr. Davenport refers, as performed by Scarpa and also by Schmidt—a German oculist—consists in detachment and strangulation of the iris. The operation so performed, is termed *Iridencleisis*. The readers of the Journal are referred for several cases of accidental pupil, i. e. "unnatural pupil consequent upon accidents," to "Lawrence on the Eye," pp. 380—381. In some of these cases, it was found that the accidental pupil had acquired the power of dilating and contracting like the natural pupil. In a part of these cases, there was no defect in the power of vision; in some, the patients could see distinctly only when the superfluous rays of light were excluded by looking through a very small aperture, as a pin hole made in a card; in others, again, in whom the injury was very extensive, vision was permanently impaired and indistinct.

MILITIA SURGEONS.

HAVING had considerable personal experience in the onerous duties of a militia surgeon, we can no longer refrain from making loud lamentations over the miseries of a physician who has been honored with the commission of surgeon of a regiment in the Commonwealth of Massachusetts. The commencement of his official tribulation begins just two weeks before the first Tuesday in May—an eventful epoch in the history of his life. Whole multitudes of men of the finest muscular development beset him at home and abroad, at the corners of the streets—aye, wherever he happens to set the sole of his foot, and, sans cérémonie,

commence a recital of their bodily infirmities, which in most cases are absolutely astonishing. Some, who to all appearance are blessed with excellent eyesight, are so nearly blind on the very day the sergeant leaves a warning, that they can see nothing distinctly afterwards but a surgeon's certificate, when their optics begin to open apace. Others are deaf; some are invisibly ruptured; and whole phalanxes of symmetrically formed young gentlemen ascertain, all of a sudden, that their legs are broken, their ribs fractured, or half their joints are in a state of painful dislocation. But the series of misfortunes to which he is doomed by no means have a finale with this sad exhibition of human misery. If he expresses a doubt in relation to the extent of the crippling narrative, the doctor is unhesitatingly denounced as a stupid fool, unacquainted with the structure of the body, without sympathy, opinionated, unjustifiably prejudging without proper examination, and, in short, ten chances to one if he is not threatened with a representation of his chirurgical despotism to the commander-in-chief.

Why any physician can be induced to accept a commission of militia surgeon, under all these annoyances, which operate directly against his own interest, by making enemies of all whom he denies a certificate, quite amazes us. That the office is wholly without honor, must be admitted; and as to profit, there is not a single farthing of fee—the law making it a gratuitous service—working for nothing and paying the expense.

Now the true way of improving the present order of things, would be to have a further modification of the militia law, in which the surgeon shall be allowed to charge for his services. This, in the first place, would lessen the endless number of applicants for discharges, who would never trouble him were they obliged to pay for the examination. It is to be feared that much moral dishonesty is now practised in the attempt to deceive the surgeon by false representations; and this, therefore, would be obviated in the proposed alteration. Finally, let the profession, en masse, make a suitable representation to the legislature, and ask for a redress of grievances; but if the General Court manifest no willingness to allow them to be paid for this intolerably vexatious duty, as now performed, it is to be hoped that every physician in the Commonwealth will utterly refuse to accept a commission under any circumstances whatever, till provision is made for rendering a reasonable compensation for this kind of professional labor.

Medical Anniversary.—A punctual attendance of the members of the State Medical Society is anticipated at the Athenæum this day. The hour of business commences at 10 o'clock. To-morrow a meeting of the Council will be holden at the same place, when the president is to be chosen. Should anything of much interest take place, an account of it may be expected in the next Journal. Otherwise, only the usual record of changes and appointments need be expected. A correspondent, who complains of "the prodigious dullness of these annual meetings," must say something to enliven a scene which he represents to be as barren as the sands of Sahara. Still, as he objects to have "all the talking done by one or two Boston doctors, who seem to suppose themselves medical sovereigns, and the members of the association nothing but vassals who delight to be oppressed by them, at the expense of three dollars a year," he could not commence a speech-making revolution himself, with any

show of propriety. For ourselves we discover no such favoritism or local oppression, as represented in his penny note. Let us all exert ourselves to make our Society, and every individual in the profession, as happy and respectable as the nature of this perverse and radical age will permit.

Effects of Low Diet and Imprisonment on Health.—Much attention has of late been directed, in England, to the subject of the poor-laws, as they are called, and, as connected therewith, to the dietaries among the inmates of gaols and workhouses. It is thought by some that the diet, in these places, in most instances is too high, and should be reduced. Mr. Chadwick, who favors this view of the question, recently undertook to confirm it by a collection and publication of statistical facts, which were obtained from sixty gaols. As the diet varied considerably in these establishments, they were divided into three classes of twenty each; one of "Lowest Dietaries," one of "Full Dietaries," and a third where the dietaries were "Intermediate." From a comparison of the number of persons committed, the number sick, and the number of deaths, he deduced, as a result, that the lowest dietaries were healthful, and that the full dietaries of prisons were the source of sickness and death to considerable numbers. We are not told, in the accounts of this result which we have seen, what the diet is which is here called low; but the full diet which is thus made the cause of plethora, is stated to be, on a daily average, as follows— $2\frac{1}{4}$ lbs. of bread, vegetables, half an ounce of meat, with a little gruel, and water at discretion, costing five and a half pence. The daily cost of the lowest diet is $3\frac{1}{4}$ pence. The precise result, according to Mr. C., of the "lowest" and the "full," was as follows. In 20 prisons of the former, the sick were $3\frac{3}{4}$ per cent., and the deaths 1 in 622. In 20 of the latter, the sick were $23\frac{1}{2}$ per cent., and the deaths 1 in 266. According to this calculation, by raising the expense of each prisoner's diet from $3\frac{1}{4}$ to $5\frac{1}{2}$ pence a day, the sickness was increased six-fold, and the mortality doubled—a difference sufficient to justify the practice of economy in the overseers, or even to repress the cravings of appetite in the inmates.

The editor of the London Lancet has taken up this subject, and by an examination of the facts has found, as he says, these results to be erroneous, being deduced from the committals and not from the population of the prisons. The prisoners on the lowest dietaries, including the metropolitan prisons, are detained only thirty-four days; while in the gaols with what Mr. C. calls full dietaries, they remain eighty-two days on an average. The editor, therefore, takes the population of the twenty low diet prisons, as ascertained at five different periods in five years, and finds it to be 3035 persons, whose lives, for five years, are nearly equivalent to 15,173 years of life, and among whom there were annually 16 deaths to 1000 living, 40 deaths to 1000 cases of sickness, and 404 cases of sickness to 1000 living. In the prisons with intermediate diet, there were 12,398 years of life, 15 deaths annually to 1000 living, 16 deaths to 1000 cases of sickness, and 931 cases of sickness to 1000 living. In those with full diet, there were 7,932 years of life, 15 deaths to 1000 living, 15 deaths to 1000 cases of sickness, and 1,127 cases of sickness to 1000 living. In this view of the facts the cases of sickness appear to be most frequent where the diet was "full," and quite disproportionate to the number of deaths among the same class; but on examin-

ing the tables in detail, the editor found that the cases of sickness had never been entered at some of the prisons ; and that, while every complaint had been entered among the prisoners on full diet, only severe diseases, sent to the infirmaries, had been entered among the other classes.

From the examination which he has thus given to the subject, he thinks it may be safely asserted that the mortality of prisoners on "lowest dietaries" is higher than in the other classes of prisoners, and at the age of 20—30, compared with that of the population of London of the same age, out of doors, is as 16 to 10. It is, in reality, more than this, as rogues and thieves, on entering prison, are rarely, if ever, suffering under any serious disease. This consideration, the editor thinks, is sufficient to warrant our estimating the mortality in these prisons as three times that out of doors at the same age.

Mr. Wakley states, as the result of all the statistical facts he has seen, that the proper quantity of food, for masses of men and animals, is the average quantity they eat when the supply is regular and unlimited ; and that when this quantity is withheld, every degree below the standard has a corresponding death. This, though differing from Mr. Chadwick's deductions, he thinks conformable enough with the experience and conduct of mankind, who have never sighed for the age of acorn-eaters but over tables spread with Roman luxuries, or eulogized water gruel on less than 1000*l.* per annum.

A Medical Practice.—Several gentlemen who are now practising medicine and surgery in cold and mountainous regions at the north and east of Boston, are desirous of obtaining more congenial regions, south or south-west. There are also those who never have been in practice, but recently admitted, who are in search of places. While some have it in their power to purchase real estate, others would willingly pay a reasonable bonus for an introduction into a respectable community, where there was a reasonable prospect of success.

Gentlemen in the country, wishing young, active, well-qualified medical partners, whose testimonials are of the highest order, as well as those desirous of disposing of their real and personal estate in connection with their circle of practice, would all be, to some extent, accommodated by communicating the particulars to the editor, who will always render any assistance in his power, gratuitously, in facilitating their negotiations.

Anomaly in the distribution of the Arteria Innominata.—In a patient recently examined by Dr. James R. Wood, of New York (says the New York Whig), about a quarter of an inch below the bifurcation of the innominata artery, a branch about the size of the radial artery at the wrist was given off to the sterno-thyroideus muscle. This anomaly is extremely rare, it being one which Meckel does not mention.

Elements of Pathology.—Dr. Drake is engaged in preparing for the press a first book of pathology ; designed, especially, for students, and to be comprised in about 450 octavo pages—price three dollars. The views embraced in it will be, substantially, those which he has been accustomed to present, in the introductory part of his course of public

lectures, since the year 1825. Their character is, therefore, well known to many of those who are now practitioners in the Valley of the Mississippi; and they can judge how far his contemplated work will aid them in the difficult task of instructing their students in the rudiments of pathology. He does not anticipate for it, a favorable reception east of the mountains; but is not without hope, that it will attract some share of attention in the West and South; on which he proposes to rely, for the sale of a limited, *experimental* edition. Unable as yet to find a publisher, he expects to be compelled, either to abandon the undertaking, or publish it himself. The latter alternative will be adopted, should he find that those for whom the work is particularly intended, are desirous of procuring it. It would be desirable to receive returns on this subject by the first of June; when the work will be put to press, if its publication should not be given up, from the want of patronage. Should it be prosecuted, he hopes to have it ready for delivery by the first of November, that it may be made the text book of his lectures on general pathology, to the students of the Cincinnati College, at its next session — *Western Medical Journal*.

Medical Schools of the Valley of the Mississippi.

Transylvania University,	227 pupils,	64 graduates.
Cincinnati College,	125 “	23 “
Louisville Medical Institute,	80 “	24 “
Medical College of Ohio,	80 “	15 “
Willoughby University,	40 “	
Medical College of Louisiana,	25 conjectural.	

577

While this aggregate is within 6 or 8 of what it was for the winter of 1836-7, the addition to the Cincinnati College is 40, a satisfactory evidence of present growth, and an encouraging guarantee for the future. Our Atlantic brethren will perceive that the West is seriously engaged in educating her own physicians. May she aim at excellence of instruction, still more than relative increase of numbers.—*Ibid*.

Medical Miscellany.—The smallpox or varioloid—the physicians disagreeing amongst themselves which it is—has carried off several of the most valuable citizens of Peoria, Illinois.—Dr. S. P. White, of New York, recently performed a successful operation at Hudson, which has called forth the admiration of the faculty in that neighborhood. It was necessary, in consequence of an aneurism of the femoral artery in a young boy, who in sliding from a load of hay, some months ago, unfortunately run one blade of a pitchfork through the great vessel of the thigh.—The colonial physician of Liberia, who went from this country to Africa, the last season, has been remarkably successful in the management of the emigrant or seasoning fever, which has been so much feared in that climate.—The lecture terms at the medical schools of Brunswick, Me., and Woodstock, Vt., have both closed—having been unusually prosperous.—No less than twelve eminent physicians fell victims to typhus fever, at London, Edinburgh, and Glasgow, within the first fortnight of April.—The distinguished phrenologist, Mr. George Combe, is to embark for the United States, in August.

TO CORRESPONDENTS.—The communications of Drs. Partridge and Bartlett are on file for publication.—The continuation of Dr. Hooker's essay was not received in season for to-day's Journal.

DIED,—In Georgia, Cherokee Country, Dr. John Bruster, shot by an Indian.

Whole number of deaths in Boston for the week ending May 26th, 28. Males, 12—Female 3.
Consumption, 4—dropsy on the chest, 1—inflammation of the bowels, 1—croup, 2—infan --in-
flammation of the brain, 3—delirium tremens, 1—erysipelas, 2—lung fever, 1—inflammation -ma-
rasmus, 1—inflammation of the lungs, 1—typhous fever, 1—dropsy on the brain, 1—measles, 1—
stillborn, 4.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri, or Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.
The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

LOWE & REED,
24 Merchants Row, Boston.

MASSACHUSETTS MEDICAL SOCIETY.

THE Annual Meeting of the Massachusetts Medical Society will be held at the Society's Room, Athenæum Building, Pearl Street, on WEDNESDAY, 30th inst., at 10 o'clock, A. M. The annual discourse will be delivered at 1 o'clock by EBENEZER ALDEN, M.D. Literary gentlemen interested in medical science, and students in medicine, are respectfully invited to attend.

A stated meeting of the Counsellors will be held on the day following, at the same time and place.

M16—3w

JOHN HOMANS, *Rec. Sec.*

RETREAT FOR INVALIDS.

THE profession is respectfully informed that Dr. A. H. WILDER has purchased a large and convenient house in the pleasant town of Groton, Mass., likewise suitable carriages, horses, saddles, &c., for the accommodation of nervous invalids.

A18—m2os

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in *two* Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week. Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or of the subscribers.

EPHRAIM BUCK, M.D.
ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY J. CLARK, M.D.
JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

T H E
BOSTON MEDICAL AND SURGICAL
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WEDNESDAY, JUNE 6, 1838.

[NO. 18.]

ON THE RELATION BETWEEN THE RESPIRATORY AND CIRCULATING FUNCTIONS.

BY CHARLES HOOKER, M.D., OF NEW HAVEN, CONN.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 253.]

B. Imperfect aeration of the blood from disordered function of the organic respiratory nerves.

The aeration of the blood is immediately dependent upon the nerves distributed to the lungs from the *sympathetic, ganglionic or organic system*. The lungs may be sound and duly filled with air, but still the function of aeration is not performed without the aid of these nerves. A lesion of their function suspends the process of arterialization, notwithstanding the *motions* of respiration are continued, through the influence of the respiratory nerves.

Some degree of the imperfect action of these nerves is very common in typhous and typhoid fevers and other diseases, and especially in erysipelas, scarlet fever, malignant cholera, and some forms of dyspnoea and asthma. It causes the respiration to be frequent, irregular, sighing, and anxious. The patient, while possessed of consciousness, feels the unsatisfying effect of respiration, and often says that his breathing seems to do little good. All the voluntary muscles accessory to respiration are instinctively called into occasional vigorous action; but even after several successive full inspirations, a conscious want of further respiration remains. If this kind of breathing continues, in any aggravated degree, for a considerable length of time, it ordinarily becomes complicated with a torpor of the brain and respiratory nerves, and the patient sinks into a state of asphyxia. This appears to be the most common fatal termination of scarlet fever, erysipelas and other similar diseases.

The asthma with puerile respiration, described by Laennec, affords an example of this imperfect arterialization from disordered function of the organic nerves. "In cases of this kind," says Laennec, "the respiratory sound has resumed all the intensity which it possessed in early infancy; we perceive distinctly the pulmonary expansion taking place with uniformity, completeness, and puerile promptitude, in all the air cells: and yet the patient is oppressed in his breathing, or, in other words, he constantly feels the want of a still more extensive respiration than he enjoys. The lungs, dilated as they are in an extraordinary manner for an adult, nevertheless have not capacity enough to satisfy

the wants of the system. This affection is sufficiently common in persons affected with chronic mucous catarrhs, attended by a copious and easy expectoration. In such cases, the dyspnœa is frequently very intense, and is sometimes so aggravated by the slightest motion, that the patient, though otherwise in pretty good health, is condemned to a life of inactivity, or even to an almost complete state of immobility. Attacks of asthma, however, properly so called, are less frequent in such subjects, than in those affected with the dry catarrh. In these latter cases, the imperfection and small extent of the respiration easily account for the oppressed breathing. But in the others, even during the severest attacks, the completeness with which the respiration is performed is quite astonishing; the sound of it is quite puerile; and, as in the case of a strong and healthy child, we are sensible of the dilatation of the pulmonary cells to their full capacity, and over the whole extent of the chest. Nevertheless, the patient is oppressed, and, as I have already stated, would require a more extensive respiration than his organization allows; in other words, the respiration is very perfect, but the wants of the system in relation to it are increased beyond the standard of health. In such cases it is not in the lungs that we must look for the cause of disease, but in the innervation or nervous influence itself; and this will hold equally good, even if we adopt the chemical theory of respiration, and refer the dyspnœa to an extraordinary want of oxygen in the blood. If a temporary obstruction of the bronchia by a little mucus impedes the transmission of the air to even a small portion of the lungs, the patient experiences an extreme oppression.”—*Forbes's Laennec*, p. 412.

It is a fortunate provision of nature, that there is an intimate connection between this set of nerves, and the nerves governing the action of the heart; in consequence of which there is *ordinarily* a relative proportion between the function of arterialization and the motions of the heart. If torpor affects the arterializing nerves of the lungs, it ordinarily affects, at the same time, the nerves of the heart. Hence, while the arterializing function is impaired, the heart sends a moderate quantity of blood to the lungs to be arterialized, the pulse becoming slow and infrequent, or frequent, small and feeble. In the course of typhus, and other fevers, the pulse sometimes becomes extremely infrequent—50, 40, and even 30 in the minute: in some cases this state of the pulse occurs at the onset of the fever.

This infrequent pulse may be owing to a torpor either of the motor respiratory nerves, or of the organic nerves of the lungs. In the former case, the breathing is infrequent, slow and small; the skin livid; and there is listlessness or tendency to coma. When the arterializing nerves are in fault, the skin is livid; but the breathing is full, hurried, irregular, sighing and anxious; and there is wakefulness, extreme mental anxiety, and sometimes delirium, succeeded by coma.

Cholera.—These circumstances are strikingly manifest in malignant cholera. In that disease the morbid cause seems to determine especially to the organic system of nerves. In some cases the process of arterialization seems at once almost wholly suspended—the peculiar

sighing moan, and other symptoms of disordered respiration are observed, and the whole system assumes a livid hue. At the same time the pulse, at first feeble, soon ceases to beat. So far as the influence of the organic nerves extends, life is suspended; while the energy of the brain and medulla oblongata, at least in some degree, remains. Consciousness, volition and respiratory motion continue; but the arterializing function of the lungs and the motions of the heart have ceased. In this state I have seen a patient lie, perfectly pulseless, for more than eight hours, when the functions of organic life gradually revived, and the patient recovered.

Most physicians, like myself, from mistaken views of the pathology of this disease, treated their first cases by attempting to arouse the action of the heart with opium, alcohol and other stimulants. This attempt, in some cases, was too effectual. The heart being excited to action, the blood is thrown to the lungs, from which it returns unarterialized to the heart; the left ventricle now contracts, and sends the black blood, with its usual deadening influence, to the brain and whole system supplied by the arteries; insensibility and coma ensue, and the patient dies asphyxied. Life may continue some time with a total stoppage of the circulation; but it is soon extinguished by a circulation of black blood in the arteries.

SYMPATHY BETWEEN THE DIFFERENT NERVES CONCERNED IN RESPIRATION.

Such is the sympathy between the different nerves concerned in respiration, that there is rarely disordered function in one class of nerves, without some degree of similar disorder in the other class. In the diseases which have been adverted to, as examples of the disordered function of each class of nerves, commonly all of the nerves concerned in respiration are, in some degree, similarly affected. In typhous fever, for instance, the torpor of the motor respiratory nerves is commonly the more prominent, but there is ordinarily also some degree of torpor in the organic nerves; and in many cases it is not easy to decide whether one or the other class is the more affected. If disease commences with torpor of the organic nerves, the consequent imperfect aeration of the blood ordinarily soon occasions torpor of the motor nerves, by the paralyzing influence of the black blood.

Many diseases, besides those already adverted to, are commonly attended with deficient aeration of the blood. Dr. Stevens, for many years a distinguished practitioner in the West Indies, has particularly noticed the dark color of the blood in *yellow fever*, and some other diseases of tropical climates. Dr. Daniell has made similar observations in the *autumnal fevers* of Savannah. In *dyspepsia*, *hypochondria*, and some forms of *mania*, it may ordinarily be observed. From obvious causes it occurs in *croup*, and other diseases in which there is obstruction of the air passages. All fevers of a typhoid character are commonly attended with this condition of the blood; and indeed there are few diseases in which it may not occasionally occur.

From the preceding considerations it may be observed, that imperfect aeration of the blood is occasioned by various causes. Attentive ob-

servation of the symptoms in particular cases is requisite to ascertain whether there is any mechanical impediment to the expansion of the chest, or whether the fault is in the air passages, the lungs, the motor respiratory nerves, the respiratory muscles, or the organic nerves of respiration. A correct diagnosis in regard to these circumstances is highly important in a therapeutic point of view.

THERAPEUTIC INDICATIONS.

It is doubtful whether, in any disease, an *excessively aerated condition of the blood* is a prominent morbid feature. I suspect that such a condition sometimes occurs, dependent upon irritative excitement of the organic nerves, in erysipelas, scarlet fever, and some other diseases; but, if so, this state ordinarily is soon followed by collapse, with imperfect arterialization. On the contrary, there are few diseases in which *deficient arterialization* does not sometimes occur. Bichat considered it as by far the most common immediate precursor and cause of death; and I think it has been rendered evident, in the preceding part of this essay, that such a condition of the blood has some degree of injurious influence, in various stages, and sometimes throughout the progress, of many diseases.

The general therapeutic indication, therefore, connected with the relation between the respiratory and circulating functions, is *to promote the arterialization of the blood*, or, in other words, to remedy deficient respiration.

Contra-indications in cases of deficient respiration.

Stimulants, which ordinarily operate to increase the action of the heart, without a corresponding increase of the respiration, should be withheld, or given with extreme caution, when the blood is imperfectly arterialized. From erroneous pathological views, much injury is done, in such cases, with this class of remedies. The deleterious effects of such medication in cholera have been already adverted to; and the same remarks are applicable to cases generally in which the respiration is in a diminished proportion to the pulse. The paralyzing influence of the imperfectly aerated blood occasions a torpor of the whole system. The heart becomes affected with this torpor, and the feeble, small, and sometimes slow, imperfect pulse seems to indicate debility of this organ. It is, however, a torpor or oppression, rather than the debility of exhaustion; the respiration is inadequate to produce that change in the blood which renders it fit fully to support the vitality of the organs to which it circulates; there is already more blood circulating through the lungs than they can arterialize. Under these circumstances, *alcohol* and *fermented liquors*, *opium*, *quinine*, *serpentaria*, and all articles which operate to increase the action of the heart, more than that of the lungs, may have a most injurious effect. By transmitting an additional quantity of blood to the already over-burdened lungs, they cause the whole mass of blood in the system to become more deteriorated, and thus add to the torpor which occasions the apparent debility. Such effects are too frequently produced in the progress of typhous fever, typhoid pneumonitis, and other diseases, especially in the last moments of life.

¶ We will suppose a case of pneumonitis, in which during the progress of the disease one half of the lungs has been obstructed by engorgement. The pulse has been about 90, the respiration 35 or 40. The respiration has been thus frequent, because one half of the lungs has had to perform the whole office of arterialization; yet the tumid, purple lips, the general lividity of skin, and some cerebral oppression, have shown that, with this forced effort, the respiration still has been deficient. At length—commonly on the sixth day—there is an effort towards a crisis. There is as yet little if any resolution of the engorgement within the lungs; but there is increased secretion from the bronchial membrane, while the secretions of the system generally are beginning to be unlocked. The lungs, almost suffocated by the bloody mucus poured out into the bronchia, are struggling with increased effort to perform their office. All the accessory, as well as ordinary muscles of respiration, are engaged in agonizing labor to aerate the blood. But the lividity of skin has increased, and the brain, rendered torpid by the black blood circulating in its arteries, scarcely allows the aid of the will to sustain the respiratory efforts. Under these circumstances active stimulants are administered for the purpose of supporting the sinking powers of life. The action of the heart is excited, and the blood is hurried through the lungs, at once overwhelming the exhausted respiratory powers. For a few moments the system appears to make a renewed struggle to relieve itself of the suffocating oppression; but coma comes on; the respiration, becoming feebler and shorter, soon stops; and the heart, “the ultimum moriens,” after a few more feeble, irregular pulsations, yields under the deadening influence of the black blood.

Cases of the above description are not uncommon; and a less degree of the injurious effects of such stimulants, given in the progress of fevers attended with deficient respiration, it is believed, is one of the most common errors of medical practice.

Yet there are cases of deficient respiration—cases attended with absolute debility or atony—which are benefited by these remedies. Coma even sometimes is relieved by full doses of opium; and in small doses opium and other stimulants often may be serviceable in absolutely atonic cases. Their operation, however, should be carefully watched; and if they increase the action of the heart, without a corresponding increase of the respiratory function, the operation will be injurious.

A *nutritious diet*, by invigorating the circulation, and increasing the quantity of blood; and *muscular exercise*, by hurrying the circulation, commonly have an injurious effect, in cases of this comparative infrequency of respiration.

This disparity between the respiration and pulse is aggravated also by *remedies which operate directly to diminish the frequency of respiration*. Most of the *narcotics*, given in full doses, so as to affect the brain, producing vertigo, drowsiness, or coma, have this effect by inducing torpor of the brain and respiratory nerves; and some of them in moderate doses have a similar operation.

Strychnine in large doses occasions the respiration to be remarkably slow, irregular and infrequent; while in moderate doses it sometimes

improves the respiratory function. I am now treating a gentleman for paralysis of the portio dura with this remedy, in whom one sixth of a grain four times a day produces formication, slight pricking pains, and frequent spasmodic twitching of the muscles. While under this operation, the ratio between the respiration and pulse is about 1 to 7 or 8; though the patient has the ordinary healthy ratio, 1 to 4½, when not under the influence of medicine. In this case, however, the strychnine does not appear to occasion a deterioration of the blood proportionate to the diminished frequency of respiration; and in less doses it is a useful remedy for deficient arterialization depending on a torpor of the organic nerves. In such cases it appears to have an exciting operation on the arterializing nerves, as might be inferred from its efficacy in some forms of asthma and dyspnœa, in which a torpor of these nerves is manifested.

By a similar operation, as before remarked, alcohol, opium, and the exciting narcotics generally, in small doses, sometimes have a favorable effect. Their general exciting operation may be determined especially to the organic nerves of the lungs, or to the brain and motor respiratory nerves, occasioning the breathing to be more full and easy, and the blood to be more perfectly aerated. In some epidemics these effects are so uniform that the physician learns to prescribe such remedies in particular cases, with almost perfect confidence. Aside from the observation of epidemic peculiarities, however, and a consideration of the attending general debility, I know not what general rules can be given to enable a practitioner to calculate on a favorable operation of such remedies, in cases of imperfect arterialization of the blood. As before observed, when used in such cases their operation should be carefully watched; and if they are found to excite the circulatory more than the respiratory function, their operation will be injurious.

Remedies which promote the arterialization of the blood.

These are,

- 1st. Remedies which diminish the action of the heart and arteries.
- 2d. Remedies which excite and invigorate the motor respiratory nerves.
- 3d. Remedies which excite and invigorate the arterializing nerves of the lungs.
- 4th. Ventilation.
- 5th. Remedies which obviate mechanical impediment to the respiration.
- 6th. Remedies which excite secretions vicarious of respiration.

1st. *Remedies which diminish the action of the heart and arteries.*

These remedies obviate a disparity between the two functions by reducing the circulation to a proportion with the respiration. The *anti-phlogistic* medicines generally belong to this class.

Venesection is one of the most important of this class of remedies. If the pulse is frequent, full and strong, with a comparative infrequency of the respiration; or, as occurs in pneumonitis, pleuritis, bronchitis, and some other diseases, if the respiration is frequent, but still inadequate to a due aeration of the blood, there can be no question as to the

propriety of bleeding to reduce the circulation. There are other cases, equally requiring bleeding, in which the indications are less obvious. Imperfect respiration, by producing torpor of the heart and arteries, through the ordinary influence of the black blood, may render the pulse infrequent, slow and feeble. This constitutes what is called the *oppressed, depressed, or obstructed pulse*.

This oppressed pulse is common in the congestive variety of typhous fever, in some forms of pneumonitis, and in other diseases. When a vein is opened, the blood runs slowly, and has almost a tarry consistence and color; but as the circulation becomes relieved, and the process of aeration is better performed, the blood assumes a florid appearance, and runs freely. This change in the blood takes place more suddenly when some degree of fainting occurs during bleeding, to check or suspend the heart's action; hence when the principal object of bleeding is to restore the balance between the respiration and the pulse, and promote the aeration of the blood, it is well to encourage fainting by bleeding in an erect posture.

The oppressed pulse may occur in a highly inflammatory, or a low typhous or typhoid condition of the system. In both these conditions, bleeding tends to restore the balance between the respiration and the pulse. In the former, bleeding is required not only to reduce the pulse to a proportion with the respiration, but also to subdue inflammation—the pulse rises in fullness and strength, as the oppressing effects of the black blood are removed; and the bleeding may be continued freely. In a low typhoid case, only one of these objects is to be accomplished by bleeding, which should be stopped as soon as faintness is induced, or the blood assumes a florid, arterialized appearance; or, if possible, the disparity between the respiration and the pulse should be obviated by other means without bleeding.

Antimony has a striking effect in diminishing the action of the heart, without producing a corresponding diminution of the respiration. In cases of inflammatory excitement it is useful in reducing arterial action, but it is particularly useful when such excitement is connected with deficient respiration.

This affords one reason for its efficacy in pneumonitis, in which this remedy has been employed successfully in frequent large doses, by Rasi, Laennec, and other modern writers. In this disease, the refrigerant and alterative powers of the remedy have a favorable operation, in reducing and resolving inflammation; but I have found it especially adapted to those cases in which the symptoms of deficient arterialization are prominent—when the respiration is infrequent and small, the skin livid, and the cerebral powers oppressed. Laennec observed patients, in this disease, to recover their consciousness under the use of this remedy; and he advises a persevering employment of it when “the oppression is great, or the head affected.”

Dr. Thomas Marryatt, of Bristol, England, who published a treatise on therapeutics, in 1788, gave tartar emetic successfully in fever and in pleurisy. “I have seen many instances,” he observed, “wherein a paper has been given every three hours [gr. x. in six papers], without

the least sensible operation, either by sickness, stool, sweat, or urine ; and, though the patients had been unremittingly delirious for more than a week, with subsultus tendinum, and all the appearances of hastening death, they have perfectly recovered without any other medical aid—a clyster every other day excepted.”

Laennec found tartar emetic successful in hydrocephalus [cerebral congestion?], supervening “in the course of continued fever,” and “general debility”—also “in nervous affections connected with a congested state of the brain or spinal marrow.”

Dr. Graves employs this remedy in delirium tremens, and “with very remarkable success at various periods of fever, but principally towards its termination.” In the low stages of spotted fever, when the symptoms denoted “a combination of primary general nervous excitement with a secondary cerebral congestion,” he found a combination of tartar emetic with laudanum very successful. “This method,” he observes, “has manifestly saved many, many lives, under a combination of circumstances apparently hopeless.”—*Graves's Clinical Lectures*.

In the low stages of many febrile diseases, opium may be given advantageously in combination with antimony, when it could not be given alone, without danger of producing cerebral congestion. The opium allays nervous irritation, exercises its general stimulant operation, and thus sustains the powers of life ; while the antimony, by preserving the balance between the respiratory and circulating functions, and thus promoting the arterialization of the blood, prevents the congesting effects of the opium.

Ipecac, like antimony, operates to diminish the force and frequency of the heart's action, and thus obviates a disparity between the respiratory and circulating functions. It is less powerful than antimony ; but is appropriate to some cases, in which the more debilitating effects of antimony might be injurious.

The *refrigerant salts*, nitrate of potassa, bitartrate of potassa, sulphate of magnesia, sulphate of soda, &c., reduce the circulation, and in appropriate cases thus have a favorable effect in equalizing the respiratory and circulating functions.

In the use of antiphlogistic remedies, for the purpose under consideration, the *general tone of the system* is to be observed ; and in low atonic cases caution is required, lest their general debilitating effects shall more than counterbalance the advantage of equalizing the respiratory and circulating functions. In low stages of typhous fever, for instance, these remedies sometimes may be required for this purpose ; but as it is important, in such cases, to avoid the occasion of debility and exhaustion, it is desirable to equalize the functions by other means ; and when debilitating antiphlogistics are employed, their operation should be continued no longer than necessity requires.

Digitalis is well known to possess the property of diminishing the frequency and force of the pulse in a remarkable degree. It sometimes has a similar effect on the respiration, especially in large doses, but not in proportion to its effect on the pulse. By virtue of this operation, it is often useful in typhus, pneumonitis, erysipelas, scarlet fever, and other

diseases, and particularly in congestive fevers. It relieves morbid wakefulness, subsultus tendinum, muttering delirium and coma; and sleep induced by it is commonly more refreshing than when induced by opium and most other narcotics.

In a former part of this essay, the remarkable deficiency of respiration which occurs in *delirium tremens* has been noticed; and the success with which I have treated this disease, principally with digitalis, induces me briefly to describe my general plan of treatment. In 1820, Dr. A. L. Peirson, of Salem, Mass. (New Eng. Jour. of Med. and Surg., Vol. IX.), recommended digitalis in the treatment of this disease. After bleeding, he gave the tincture, in doses of seventy-five drops, every two hours. Several years since, owing to epidemic constitutional changes or some other reason, I observed that opium was less successful in this disease, than it had formerly been in my practice; and I was induced to make trial of the digitalis. I commence the treatment of a case with a full cathartic dose of calomel, which is followed with the exhibition of nitrate of silver,* in doses of gr. 1-8, every hour, or gr. 1-4 every two hours. If called in the early part of the day, I adopt no direct means for inducing sleep until night—the natural time for sleep. In the evening I direct one ounce of tincture of digitalis, of which a third part is to be given every two hours until sleep is induced. If this fails, the nitrate of silver is resumed and continued through the following day; and on the following night an ounce and a half of the digitalis is directed, one third to be given every two hours. In a great proportion of cases sleep is induced, and the disease suspended, the first night; and it is very rare that the wakefulness continues through two nights. In most cases no other remedies are used; though sometimes, in connection with them, I direct castor, artificial musk, camphor, or some bitter infusion, with a blister to the back of the neck, or a wash of tincture of cantharis and aqua ammoniæ to the scalp. In a few cases the digitalis has been rejected from the stomach, when I have directed smaller doses at shorter intervals. Of more than 50 cases, treated on this general plan, only four have been fatal. One had been tampered with by a quack, before I was called; the second was complicated with a severe pneumonitis affecting both lungs; the third came on in the course of a severe dysentery—sleep was induced, but the patient sank, after two weeks, with the dysenteric symptoms; the fourth was complicated with erysipelas affecting the face and head, and terminated fatally on the ninth day. In the latter three cases, death appeared to be owing less to the *delirium tremens*, than to the diseases with which it was complicated.

Ergot has even greater efficacy than digitalis in depressing the circulation. In doses not sufficient to produce any violent effects, it will reduce the healthy pulse from 70 to 50 or even 40 in a minute. But at the same time it depresses the respiration. While digitalis affects the motor nerves of the heart more than it does the respiratory nerves, *ergot* affects both, and in most cases the respiratory nerves chiefly. When the object is simply to diminish the action of the heart, as in active and irritative hemorrhages, I have found this remedy incomparably more valua-

* For the writer's views of the medicinal properties of this remedy, see subsequent part of this essay.

ble than any other; but on account of its depressing the respiratory motions, it is decidedly injurious in cases of deficient arterialization; and it is noticed, in this place, only to contrast its powers with those of digitalis.

Sanguinaria Canadensis in its medicinal effects is considerably allied to digitalis. It is narcotic and alterative. By its narcotic operation it diminishes the frequency and force of the heart's action; and by virtue of this operation, when the circulation is proportionately more active than the respiration, it restores an equilibrium of action. It is particularly useful in diseases of the lungs and bronchial membrane. In pneumonia, catarrh, croup, and other diseases of the respiratory organs, its alterative operation promotes healthy secretion, produces resolution, and thus aids the respiratory function, by improving the condition of the lungs, while its narcotic operation tends still further to equalize the respiratory and circulating functions by depressing the action of the heart. In such cases, when the skin is livid, the cerebral powers are oppressed, and other symptoms of imperfect arterialization are manifest, its favorable operation relieves the cerebral symptoms, and gives a florid hue to the skin. As an operation consequent to these effects, the *oppressed pulse*, which is common in such cases, often becomes more frequent, full and strong—an effect, which probably has occasioned the common, but erroneous opinion, that *sanguinaria* operates directly to stimulate the action of the heart.

In very large doses, *sanguinaria*, like most other narcotics, produces torpor of the brain and respiratory nerves, with infrequent, slow, and stertorous breathing, and its consequences, the ordinary symptoms of asphyxia.

Colchicum, *veratrum*, *nicotiana tabacum*, and *lobelia inflata*, with general narcotic and alterative powers like *sanguinaria*, have also a similar operation in diminishing the action of the heart.

Polygala Senega, though destitute of narcotic powers, is similar to *sanguinaria* in its alterative effects, and in its operation on the heart. The latter operation, probably, is dependent on the *nauseating property* of the remedy—a property which, in several of the articles before enumerated, contributes to diminish the action of the heart.

[To be continued.]

OF THE COW-PARSNIP.

[THE writer of the following paper, the reader will perceive, is *eighty-eight years of age*—being, it is presumed, the most aged member of the medical profession in Massachusetts, who pretends to interest himself in the progress of medicine, with the exception of the venerable and well-known author of the American New Dispensatory, Dr. James Thacher, of Plymouth.—ED.]

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—It is said that the late Dr. Orne, of Salem, in 1803, brought cow-parsnip into notice for the cure of the epilepsy. Until

lately I have supposed that he used the roots of the same plant of which I have used the seeds before and since that time, successfully, for the epilepsy, and have known of its being used for that purpose in the years 1759 and 1773, with success.

Noticing the article cow-parsnip in Dr. Thacher's Dispensatory, I found that he had described the (*imperatoria*) masterwort of the old dispensaries, formerly esteemed a powerful anti-hysteric. And as it was not the cow-parsnip I had ever used, I sought for information, saying to Dr. Thacher that if Dr. Orne used the article he had described for cow-parsnip and which I called masterwort, there were two plants for the cure of the epilepsy, and that it ought to be ascertained. The doctor writes me that the large umbelliferous plant, found wild by hedges and ditches, with its large jagged leaves, woolly underside, growing four feet high, &c., and avoided by cattle, which he had described, he considers to be undoubtedly the article Dr. Orne used, and that Dr. Bigelow, a late author, calls the same article cow-parsnip.

As the plant Dr. Orne used and Dr. Bigelow calls cow-parsnip is not the same plant which I have used and known to be used long ago, as aforesaid, for the epilepsy, and I have known to be called by the name of cow-parsnip, and no other name, by five successive generations of the inhabitants of Hatfield, I will endeavor so to describe it as that it may be known and identified. It is a tender plant, of which animals are so fond as eagerly to devour it, and sheep even the bulb of the root; therefore rarely found except in dry fields enclosed for mowing. In May, as the flowers of the dandelions are decaying, and before the yellow flowers of the crowfoot much appear, the seed stalks of what I call cow-parsnip, may be seen in said mow-fields (if any there), standing five or six inches high, generally in a cluster of leaves, with their yellow flowers on umbels (in form of caraway), and rising to 2 or 2½ feet high before the seeds are ripe, which is early in August; they resemble aniseed. The leaves are smooth and of a grass-green hue, resembling young angelica leaves, and are on foot-stalks several inches long, rising direct from the roots, which are like parsley roots, but not so large. The seeds are the most efficacious part, finely powdered, and taken in substance in simple syrup. I esteem them as a mild durable stimulant, carminative, stomachic, antispasmodic, and a remedy rarely failing to cure the epilepsy in cases under the age of puberty, but in no case above that age to my knowledge; yet in some it will mitigate the distressing symptoms. Also I have given them as a lactescent to laborious wet nurses, to increase the quantity and improve the quality of their milk, and cause their babes to be quiet and thrifty.

In the year 1759 I was 8 years old, and my brother John 4 years old, who was taken with epileptic fits; the case thought to be incurable by Dr. Samuel Mather, of Northampton, and Dr. Thomas Williams, of Deerfield, eminent physicians in their day; and a Dr. Bartlet, of Connecticut (of Middletown, I think), was sent for, came, and gave medicine, of which cow-parsnip seeds were most depended on. He was cured, lived till December, 1834, and never had another fit.

In 1771 I came to live with Dr. Sergeant, of Stockbridge, and in 1773,

a daughter, seven years old, of Mr. C. Stone, who had moved from Guilford, was taken with epileptic fits. After a short time Mr. Stone, as he wished, and with Dr. Sergeant's consent, went and brought the said Dr. Bartlet, who lodged with us; he was a gentleman in manners, had no nostrum, was communicative. He was waited upon by Dr. Sergeant, as necessary, made his prescriptions for the patient, of which cow-parsnip was mostly depended on, and she was cured.

After this, at a visit to my parents at Hatfield, I well recollected my brother's having fits, and my pounding the cow-parsnip seeds for him. I asked my mother (who was acquainted with many medicines) whether she knew what Dr. Bartlet directed for brother John in 1759. She answered yes, and that he first cleared the stomach and bowels, but not with drastic medicines, and then gave alteratively *Æthiops mineral* morning and evening, and antimonial wine twice daily a while, and purged again, and then cow-parsnip seeds morning and evening, continuing the wine once or twice a day some longer, but not so long as the seeds; during the time of using the seeds, once in a week or less, to keep the body soluble and free of flatulences, gave of a carminative laxative made with senna, rhubarb, a plenty of carminative seeds, some guaiacum shavings, and a great plenty of raisins stoned, boiled q. s. in equal parts of water and proof spirits, in a covered vessel, and strained by expression, &c.

The above I have considered Dr. Bartlet's method of practice. I impute to the use of said seeds the relief of numbers afflicted with the epilepsy, under my observation, and one with chorea, the only case in which it was used.

For mentioning it as a lactescent, I claim no merit; for when a small boy I heard a good farmer say that some of his hay was so well filled with cow-parsnip that he esteemed it for a milch cow equal to as much of his other best hay and two quarts of corn-meal per day. I did not forget it. Females in common health, yet too feeble for the house-work they performed, have told me that nothing seemed to recover them from fatigue so thoroughly as a few doses of the cow-parsnip seeds. If the seed is powdered very fine (as is proper for use), it ought to be kept in a phial, for if enclosed in a paper, a while after the paper may be saturated with oil and the seed of less value.

Perhaps it is not more than 20 years since said plant was first seen in Berkshire meadows; it evidently increases; but is mowed here too early, in general, to have the seeds ripen.

I am respectfully yours, &c.

Stockbridge, May 22d, 1838.

OLIVER PARTRIDGE.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 6, 1838.

ANNUAL MEETING OF THE MASS. MEDICAL SOCIETY.

On Wednesday last, according to custom, the Massachusetts Medical Society held an anniversary meeting at the Athenæum in Boston. It

was, on the whole, one of the most pleasant and decidedly agreeable meetings we have had for many years. Whatever related to business was done in good time, and to the mutual satisfaction of all the members. At 1 o'clock, Ebenezer Alden, M.D., of Randolph, delivered an address on the objects and utility of the Society, in which he embodied an exact history of all its operations from a small beginning to the present moment, when its influence is felt to be of great importance to the community. Dr. Alden fully met the expectations of the audience, and acquitted himself with honor. Whenever the discourse is published in the documents preparing by the Secretary, an analysis of it may be expected in the Journal. *Two hundred and thirteen*, the number of medical gentlemen present, dined together in Faneuil Hall in the afternoon. Our recollections of that particular part of the anniversary are of a very happy character.

It may be well to remark, that with the exception of a few additional counsellors, on account of an increase of population in some of the districts, the entire board consists of the same gentlemen who composed it the last year. In the second medical department, Drs. Geo. Choate, Geo. Osborn and Ebenezer Hunt were added; in the third, Dr. N. Cutter; and in the Worcester district, Drs. Butler, of Worcester, Stone, of Hardwick, and Kendall, of Sterling. The following is a list of the counsellors.

COUNSELLORS.—First Department.—Drs. J. Jackson, B. Shurtleff, J. C. Warren, J. Randall, G. C. Shattuck, W. Channing, J. Bigelow, Geo. Hayward, Enoch Hale, S. D. Townsend, J. Ware, Z. B. Adams, D. Osgood, E. Reynolds, J. Homans, W. Strong, J. Jeffries, G. B. Doane, W. Lewis, G. W. Otis, S. Morrill, J. V. C. Smith.

Second Department.—Joseph Kittredge, Jeremiah Spofford, Abel L. Peirson, Andrew Nichols, Edward L. Coffin, Samuel Johnson, Richard S. Spofford, Calvin Briggs, Dean Robinson, Jonathan C. Johnson, Edward A. Holyoke, Wyatt C. Boyden, Rufus Longley, Geo. Choate, Geo. Osborn, Ebenezer Hunt.

Third Department.—Thomas Bucklin, John Walton, Abraham R. Thompson, Timothy Wellington, Zadoc Howe, William J. Walker, John C. Dalton, Josiah Bartlett, Daniel Swan, John O. Green, Joshua Green, Elisha Bartlett, Anson Hooker, N. Cutter.

Fourth Department.—Stephen Batchelder, John Green, Edward Flint, Benj. F. Heywood, Charles W. Wilder, Amos Parker, George Willard, John Starkweather, J. G. Metcalf, J. S. Butler, J. Stone, P. T. Kendall.

Fifth Department.—Joseph H. Flint, Alpheus F. Stone, Stephen W. Williams, Eli Hall, Elisha Mather, Bela B. Jones, David Bemis.

Sixth Department.—Henry H. Childs, William H. Tyler, Asa G. Welch, Royal Fowler, Robert Worthington, Alfred Perry, Hubbard Bartlett.

Seventh Department.—Nathaniel Miller, John Bartlett, Samuel Bugbee, Robert Thaxter, Jeremy Stimson, Rufus Wyman, Ebenezer Alden, Noah Fyefield.

Eighth Department.—Hector Orr, Nathan Hayward, Ezekiel Thaxter, Paul L. Nichols, Noah Whitman, William Gordon.

Ninth Department.—Alexander Reed, William C. Whittredge, Andrew Mackie, Caleb Swan, Menzies R. Randall, William A. Gordon.

Tenth Department.—Joseph Sampson, Aaron Cornish, Paul Swift, Henry Tuck.

CENSORS for the First Medical District, and for the Society at large.—

William J. Walker, Abel L. Peirson, John Ware, Edward Reynolds, Jr., Woodbridge Strong.

Second Medical District.—John Green, Benjamin F. Heywood, Charles W. Wilder, Benjamin Pond, William Workman.

Third Medical District.—Stephen W. Williams, Elisha Mather, Atherton Clark, Bela B. Jones, David Bemis.

Fourth Medical District.—Henry H. Childs, William H. Tyler, Alfred Perry, Asa G. Welch, Charles Worthington.

The following officers were elected, on the following day, by the counsellors, viz. :—

George Cheyne Shattuck, M.D., of Boston, *President* ; Nathaniel Miller, M.D., of Franklin, *Vice President* ; John Homans, M.D., of Boston, *Corresponding Secretary* ; Solomon D. Townsend, M.D., of Boston, *Recording Secretary* ; Walter Channing, M.D., of Boston, *Treasurer* ; George W. Otis, Jr., M.D., of Boston, *Librarian*.

Enoch Hale, M.D., of Boston, was appointed orator for 1839.

Committee on Publications.—Enoch Hale, John Ware, John Homans.

Committee on Resignations.—Walter Channing, Zabdiel B. Adams, John Jeffries.

Dr. Alphonso Brooks, of Princeton ; Dr. James M. Smith, of Westfield ; Dr. Delano Peirce, of Grafton ; Dr. Robert Capen, of Plymouth ; and Dr. Erastus Robinson, of Northborough, were elected fellows. Dr. Placido Portal, of Palermo, Sicily, was chosen an honorary member.

Thus, in a compact manner, we have endeavored to record the transactions of the Society. It numbers, in the catalogue, not far from five hundred members in this Commonwealth alone, and long may they live, the promoters of the public health and human happiness.

Operation for the Restoration of the Lower Lip.—A young man belonging to Warren, R. I., while on a whaling voyage, in the month of December last, being in an open boat, was struck by a whale in such a manner as to force an oar against his face with sufficient violence to carry away a portion of the anterior surface of the superior maxillary bone, and, worse still, the largest part of the under lip. In this unsightly and truly melancholy condition he returned from the voyage. On presenting himself for advice to Dr. Lewis, of this city, he exhibited the following spectacle. Although the wound, in a measure, had healed, no liquid could be retained in the mouth without covering the void, formerly controlled by the under lip, with one hand, closely pressed against the uneven and exposed dental wall. Besides these formidable difficulties, in consequence of the rent made in bones of the roof of the mouth, his articulation was imperfect. The saliva, unless it was controlled by a handkerchief, was constantly drivelling over the chin. Under these circumstances Dr. Lewis operated on Monday, the 21st ult., with a view, primarily, of remedying the deformity. The process was essentially similar to the common operation for hare lip—the wound being dressed after the admirable method of Dr. Walker, of Charlestown, whose success in such cases is well known in this community. Fortunately, the wound healed by the first intention, and the patient, to his great gratification, is relieved from the manifold inconveniences to which he was subjected for the want of a lip. An artificial palate is to be made for him by Dr. Harwood, next week, which will undoubtedly enable him to converse again in his accustomed tone of voice.

This is another specimen of the skill and exhaustless ingenuity of the surgeons of Boston.

Nature, Treatment, and Diseases of the Ear.—Messrs. Marsh & Capen will accept our thanks for a copy of this excellent work, just from the press of Thomas, Cowperwaith & Co., Philadelphia, by Dr. Kramer, of Berlin. The profession will find it a valuable treatise, concisely arranged, and economical in price. On its first appearance in Dr. Dunglison's Journal we were gratified, and since it has assumed the form of a distinct book no physician should be without it.

Leeches.—Mr. Editor : The difficulty of procuring leeches in our city for the last three months, justifies the tone of your allusion to their scarcity in the last No. of your Journal. I have the pleasure to inform you that Mr. Seth W. Fowles, corner of Salem and Prince streets, has made such arrangements at the South and abroad as to be able to furnish any quantity of leeches to physicians and apothecaries, at a slight advance on the cost of importation. A splendid lot of Swedish leeches have just been received.

MEDICUS.

Albany Medical College.—At a meeting of the Trustees of the Albany Medical College, held on the 16th ult., the following gentlemen were appointed professors, viz. : Of surgery, Alden March, M.D. ; of chemistry and natural history, E. Emmons ; of anatomy and physiology, James H. Armsby, M.D. ; of obstetrics and diseases of women and children, Henry Green, M.D. ; of materia medica and pharmacy, D. McLachlan, M.D. ; of medical jurisprudence, Amos Dean, Esq. The department of theory and practice of medicine remains to be filled.

Tumors in the Axillæ producing Milk.—A woman, 21 years of age, when at the eighth month of her second pregnancy, remarked, for the first time, a tumor in each axilla. The tumors quickly enlarged, and soon reached the size of a hen's egg. They were insensible, and, when handled, gave the sensation of a hardened, knotty mass ; when pressed between the fingers, they gave issue to a whitish fluid. The woman was delivered on the 16th of November ; the milk fever set in on the third day after delivery, and the axillary tumors now became more enlarged, and discharged, for the space of eight days, a very considerable quantity of white fluid, resembling milk. After this period the secretion gradually declined, the size of the tumors diminished, and when the relator of the case (Dr. Siebold) lost sight of the patient, the tumor had nearly totally disappeared. In addition to this case, Dr. Siebold relates two other instances of the secretion of milk from supernumerary nipples placed three or four inches below the normal ones.—*Berlin Gazette.*

Bandage for the Cure of Prolapsus Uteri.—Dr. Robert Thompson, of Columbus, Ohio, has invented an apparatus for the cure or palliation of *prolapsus uteri*, which we have not had an opportunity of testing, but which seems well in appearance ; and, in his own practice, we are told, has answered every desirable end. It makes firm pressure around the pelvis, holds up the abdominal viscera, and supports the perinæum and vulva.—*Western Med. Jour.*

TO CORRESPONDENTS.—W.'s interesting account of the Insane Hospitals of the United States, will have an insertion as soon as the present crowded state of our pages will permit.

DIED.—Near Middletown, in Frederick Co., Va., Dr. Samuel Atwil Miller, aged 33.

Whole number of deaths in Boston for the week ending June 2d, 27. Males, 13—Females, 14.
Consumption, 4—infantile, 5—dropsy on the brain, 1—erysipelas, 1—croup, 2—marasmus, 2—disease of the brain, 1—dropsy, 2—burn, 1—accidental, 1—disease of the heart, 1—inflammation of the lungs, 1—lung fever, 1—smallpox, 1—disease of the womb, 1—stillborn, 2.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	- - - - -	“ DR. WARE.
On the Principles and Practice of Surgery,	- - - - -	“ DR. OTIS.
On Anatomy,	- - - - -	“ DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct. 18—tf

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week. Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or of the subscribers.

EPHRAIM BUCK, M.D.
ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils. For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

MEDICAL INSTRUCTION.

THE subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

JOSEPH H. FLINT.

Springfield, January, 1838.

Jan. 17.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVIII.]

WEDNESDAY, JUNE 13, 1838.

[NO. 19.]

ON THE RELATION BETWEEN THE RESPIRATORY AND CIRCULATING FUNCTIONS.

BY CHARLES HOOKER, M.D., OF NEW HAVEN, CONN.

[Communicated for the Boston Medical and Surgical Journal.—Concluded from page 286.]

2ND. *Remedies which excite and invigorate the motor respiratory nerves.*

Articles generally which produce sudden cerebral excitement and mental exhilaration have this effect. *Ether, camphor, ammonia, musk, castor, assafetida, oil of amber, cajepout oil*, and the volatile terebinthines, such as *turpentine oil* and that of the *pinus Canadensis*, belong to this class. These remedies are commonly termed *diffusible stimulants*; but, with the exception of the volatile terebinthines, they have little, if any, direct stimulant operation on the heart. Their main operation is on the nervous system. They produce *cerebral excitement*, relieving drowsiness, coma, and low delirium, and in virtue of this operation they call the aid of the will to assist in respiratory action; and at the same time they appear to have a direct *exciting operation on the respiratory nerves*. In the low stages of typhous and typhoid fevers, when the respiration and the cerebral functions are oppressed, they quicken the respiration, and thus tend to relieve coma, delirium, subsultus tendinum, and other symptoms of nervous oppression. They are especially useful about the time of the crisis of fevers, particularly the crisis of pneumonitis and other diseases of the respiratory organs. Their operation is ordinarily transient; but the frequent use of these various articles, in succession, is highly important in sustaining the nervous energy and the respiratory action, through the critical period of such diseases. Whenever in the progress of typhous or typhoid fevers, the respiration is observed suddenly to become infrequent, these remedies should be promptly and perseveringly employed to quicken the respiration and prevent the deadening influence of the black blood through the system.

Dr. Graves highly recommends this class of remedies, in cases "when there is great prostration of the powers of life, oppression of the nervous functions, and low, muttering delirium;" and a remark of his in regard to musk, that "it exercises a stimulant effect on the nervous system, without having any tendency to produce cerebral congestion or coma," is applicable, in general, to other remedies of this class. Indeed,

the practice of giving these remedies, for the relief of such symptoms, is common; but the rationale of the practice, and the leading principle, that coma and other symptoms of cerebral oppression are commonly owing to imperfect respiration, have not been generally understood.

Enemata of some of the articles above enumerated²—particularly of camphor and turpentine oil—sometimes operate very promptly to relieve oppression of the respiratory and cerebral functions.

Coffee and green tea are mild but valuable remedies of this class. I think that injury is often done to persons who habitually use these articles in health, by withholding them during sickness. In typhous fever, typhoid pneumonitis, and many other diseases, their remedial efficacy, in producing cerebral excitement, and in quickening the respiration, is important. The use of strong tea in cases of stupor occasioned by excessive doses of opium or alcohol, is common.

External vesicatories and irritants, such as cantharis, nitrate of silver, corrosive sublimate, mustard, oil of turpentine, oil of cinnamon, and the like, are valuable adjuvants in such cases. A blister applied to the back of the neck is one of the most common remedies for coma and other symptoms of cerebral oppression; and probably irritants applied in this region, from its proximity to the origin of the respiratory nerves, are more effectual than to other parts of the system. Dr. Graves prescribes blisters with this view; and in some cases of typhus, I think I have seen good effects from continued irritation in this region, excited by a pitch plaster, with a small quantity of pulverized nitrate of silver sprinkled on its surface.

Calling the attention of a patient to his respiration, and prompting him to take frequent full inspirations, tends to keep up the process of aeration, and prevent the patient from sinking into a comatose condition. I am always careful, about the sixth day of pneumonitis, to watch the symptoms of an approaching crisis. If the symptoms of deficient arterialization are increasing, as always occurs when the crisis is likely to prove serious, I perseveringly employ the diffusible excitants above mentioned, apply a blister or other irritant to the back of the neck, and whenever the respiration flags I arouse the patient to the necessity of full and frequent inspirations. I remain by the patient, until a nurse or other attendant has learned this mode of management, which in some cases is required to be continued for several hours. By this management I have seen patients sustained through the critical period of this disease, who otherwise almost certainly would have sunk into a fatal asphyxia.

It is well known, that in a low typhous or typhoid state, it is necessary that a patient, who inclines to sleep, should be frequently aroused. In natural healthy sleep the respiration is ordinarily slower and less frequent than during wakefulness. The ratio between the respiration and the pulse ordinarily becomes 1 to 5 or 5½. The aid of the will is withdrawn, and the breathing is performed wholly by the involuntary respiratory nerves. In low typhous fevers the disparity during sleep becomes still greater. While awake a patient feels those distressing sensations, which attend imperfect aeration of the blood, and which instinctively

demand the aid of the will to assist the torpid and enfeebled respiratory nerves and muscles ; but during sleep, the aid of the will being withdrawn, the breathing becomes irregular, intermitting, short, and infrequent—a breathing which in this diseased condition would soon overwhelm the system with asphyxia.

But in spite of all our efforts, the respiration sometimes flags, and patients sink into a comatose sleep, from which, for a time, they cannot fully be awaked. Our efforts still should be continued ; if the patient is able to swallow, the most diffusible excitants, ammonia, ether, camphor, &c., should be administered little diluted, so as to make a strong impression on the mouth and fauces ; or the same substances should be applied to the nostrils, or sprinkled on the face. These means, with perhaps the aid of frictions over the chest, if they do not awake the patient, will generally arouse the system enough to occasion several successive full inspirations. I recently saw a little patient recover from a coma succeeding scarlet fever, during which, for about three days, the breathing absolutely stopped, whenever these means were discontinued even for a few minutes.

In a similar way cases of profound coma consequent to large doses of opium and other narcotics, taken by accident or with suicidal purposes, have been treated successfully by *flagellation* and other violent *external irritation*. That such means prove efficacious by exciting and sustaining the respiration, may be inferred from experiments which have been made of supporting life, under the influence of enormous doses of narcotics, by artificial respiration. These experiments prove that the stupifying narcotics occasion death by suspending the respiratory motions and inducing asphyxia, rather than by a direct operation on the brain.

This general mode of treatment has been applied to extreme cases of intoxication with remarkable efficacy.

3d. *Remedies which excite and invigorate the arterializing nerves of the lungs.*

Most of the remedies above enumerated, which operate to excite and invigorate the motor respiratory nerves, have in some degree a similar operation on the organic nerves of the lungs. Such is the sympathy between these two classes of nerves, that when one of them is affected with torpor, the other is in some degree similarly affected ; and the remedies which affect one class, also ordinarily affect the other. But the effects of artificial respiration in cases of coma caused by alcohol, opium, and other stupifying narcotics, show that in these cases the torpor is principally in the brain and motor respiratory nerves. On the other hand nervous asthma, malignant cholera, and some other diseases, are instances in which the torpor is chiefly in the organic nerves, while the brain and respiratory nerves are comparatively little affected.

These circumstances afford grounds for a distinction of two classes of remedies. The class above treated of operates principally on the motor respiratory nerves. The remedies next to be considered appear to operate principally on the organic nerves, though some of them have also an evident operation on the motor nerves. In general this class produces a gradual and permanent increase of nervous energy, while the former class effects a sudden and more transient excitation.

Nitrate of silver, arsenical solution, chlorine, cantharis and capsicum, are the principal remedies of this class. Tetrakinitrate of bismuth, sulphate of zinc, and bisulphate of copper, have a less degree of the same operation. Mustard, and other pungent tetradynamous plants, also belong to this class.

Nitrate of silver.—I consider this article as one of the most valuable remedies for restoring and sustaining the balance between the respiratory and circulating functions. It commonly increases the frequency of the respiration; but it appears to operate more on the organic nerves.

My common dose is gr. 1-8, in pill, repeated every hour, or once in two or three hours, according to the urgency of symptoms. Frequently I give a solution of the following form: R. Nitrat. argent. gr. ij.; aquæ distillat. 3j.—dissolve and add syr. simp. 3vii. M. The dose of the solution may be such as to contain from 1-8 to 1-4 of a grain. The solution is the preferable form when an effect of the remedy on the fauces is desirable, as in scarlet fever, and some other diseases; and it is ordinarily more easily administered to children than the pill.

In typhous and typhoid fevers, in which a failure of the respiration is a source of no inconsiderable part of the danger to be apprehended, I place much reliance on this remedy. Infrequent respiration, abdominal tympanitis,* apthæ, subsultus tendinum, and coma—symptoms which are commonly associated in typhus—are some of the most prominent particular indications for its exhibition. Commonly, however, I commence its use as soon as any degree of deficient respiration is observed, and continue it through the whole course of the disease. When there is a great degree of deficient respiration, and the disease has decidedly the congestive form, with urgent symptoms of oppression of the respiratory and cerebral functions, bleeding, antimony, the diffusible excitants, or other remedies, which more promptly relieve such symptoms, are required; but to prevent these symptoms, to relieve them when moderate in degree, and to sustain the respiratory function when restored from a state of depression, I have found no remedy more efficacious than nitrate of silver. The intestinal hemorrhage, which often occurs in the course of typhus, I have almost invariably observed associated with tympanitis, and with the subsidence of the tympanitis, which this remedy is almost sure to effect, the hemorrhage has always ceased.†

In delirium tremens this remedy contributes much to obviate the imperfect respiration, which was noticed, in a former part of this essay, as a prominent symptom of the disease. It relieves also the tremor, false vision, and other symptoms of nervous disorder. These effects are some-

* For my first hint in regard to the efficacy of nitrate of silver in obviating tympanitis, I am indebted to Dr. Lester Keep, of Fair Haven, in this county.

† In the use of nitrate of silver, the greatest caution is requisite in regard to chemically incompatible remedies. Most authors complain of the uncertain operation of this remedy; and I am confident that inattention to this circumstance is a common cause of the failure of its efficacy. It is ordinarily inert, if given in connection with any alkali or alkaline salt. Ammonia or prepared chalk, for instance, wholly neutralizes its power; and the alkaline salt contained in Dover's powder frequently has this effect. A practitioner, who was formerly a student of mine, several years since complained to me that he had been often disappointed with nitrate of silver in treating typhus. On inquiry it appeared that, in connection with this remedy, he frequently prescribed a mixture containing carbonate of ammonia. Since that time he informs me that he prescribes the remedy with the greatest confidence, and that he could hardly dispense with it in the treatment of typhus.

times so obvious to attendants, when the remedy is alternately administered and withheld, that I have been often asked whether its design was to obviate the trembling.

In the treatment of typhoid pneumonitis I consider this remedy a valuable adjuvant, and in many cases I employ it through the whole course of the disease.

In phthisis the nitrate of silver has been highly recommended ; but physicians generally appear to have been disappointed in the use of it. As a curative remedy, in this disease, little can be expected from it ; though it is useful in relieving occasional symptoms, as paroxysms of dyspnœa, and the drowsiness, livid skin, and other symptoms denoting imperfect arterialization of the blood, which frequently occur in this disease.

Dyspnœa, asthma, dyspepsia, hypochondria and cholera infantum, are diseases to which this remedy is often adapted ; and in most diseases attended with general nervous torpor or irritability, or with flatulent distension of the intestinal canal, or with any of the symptoms above mentioned, as constituting particular indications for its exhibition in typhous fever, the nitrate of silver may be advantageously employed.

The following case of *erythema anatomicum*—a case of the writer's personal experience—may serve to show the general indications for which I prescribe the nitrate of silver in erysipelas, scarlet fever, and other allied diseases, as well as to illustrate some other points connected with the general subject of this essay.

In March, 1834, I one afternoon examined the body of a man who died the day previous with a malignant erysipelas affecting the face, scalp and brain. I had at the time on my left thumb two slight scratches made with a common pin a few hours previous ; and while examining the body I slightly scratched the same thumb with the point of a scalpel. They were slight abrasions of the cuticle, not sufficient to occasion the least oozing of blood. On the following morning these scratches were a little red and inflamed, attended with a slight itching and smarting sensation. I touched the thumb with a piece of nitrate of silver ; and, without apprehension of danger, proceeded to visit my patients during the forenoon. At 11 o'clock, A. M., about twenty hours subsequent to the post-obit examination, I was seized with chills, which continued violent about an hour, when heat of skin, thirst, a quick, frequent, jerking pulse, and other symptoms of irritation and febrile excitement supervened, with nausea and vomiting. There was now no irritation about the thumb, nor any inflammation extending up the arm ; and the slight injury of the thumb did not even occur to my mind as the cause of the present symptoms. An emetic of ipecac, with a small proportion of tartar emetic, produced no relief. At evening a swelling and soreness of a gland in the axilla was noticed ; and in the course of the night a vivid erythematic inflammation covered the whole left side of the chest. From this time symptoms continued severe, and with little variation until the eighth day of the disease. The pulse was ordinarily from 120 to 130, quick and jerking, but weak ; skin rather hot and dry ; the affected side painful, and so sore that friction of the bed-clothes or any slight touch seemed intolerable. But the prominent

symptom, indicated by my feelings, was a difficulty of respiration, evidently connected with affection of the organic nerves. I frequently observed to my attending physicians, that my respiration seemed to be scarcely of any service; and that the sensation was as though the breath was drawn into an inanimate bag. During occasional mental aberration I fancied that I was using a pair of borrowed lungs. The acute pain and soreness attending the disease seemed trifling as compared with this distressing, suffocating sensation. For eight days and nights I was not conscious of a moment's sleep; and when I shut my eyes they were filled with as many imaginary objects, as ever haunt the mind of a patient with delirium tremens. The general nervous irritation, the sensation of impending suffocation, and the want of sleep, were truly agonizing. The disordered function affected the motor, as well as the organic respiratory nerves; and a constant effort of the will was required to sustain the motions of respiration. With such continued effort I ordinarily made from 25 to 35 inspirations in a minute; but still the respiration was unsatisfying. During this period the nitrate of silver, in doses of one eighth or one fourth of a grain, every two or three hours, and sometimes every hour, was almost constantly employed. It rendered the respiration easier, and mitigated the general constitutional irritation; and whenever its administration was suspended for a few hours, the distress and anxiety of breathing became extreme. No other internal remedy showed decided beneficial effects. All exciting remedies appeared to fall in with the diseased irritation and aggravate it. A few drops of laudanum, or a teaspoonful of brandy, produced a distressing nervous excitement through the whole system. Two drops of the oil of valerian seemed to pervade the system with a thrilling sensation almost like electricity, increasing threefold the nervous irritation. After the disease had progressed several days, the local affection was treated with a wash of the nitrate of silver, 48 grains to 3ij. of water, so as to vesicate almost the whole left side of the chest, with a most happy effect on the local and constitutional symptoms.

I expected this state of irritation to be followed by a general nervous torpor, and apprehended danger from failure of the respiration. I directed the attention of the nurse to this subject; and told her what symptoms would require notice, and what remedies would be needed, should my consciousness and respiration begin to fail. On the eighth day the nurse observed me suddenly fallen into a state of drowsiness, with shortness and extreme infrequency of respiration. On being aroused I found a sense of torpor pervading the system; the whole lower extremities were entirely devoid of feeling; and though the sun was shining bright against my windows, a sense of darkness rendered surrounding objects scarcely visible. My attentive and judicious nurse prompted me to vigorous respiratory efforts; but such was the mental and physical torpor that respiration could hardly be continued. The skin at this time, as I was subsequently informed, assumed a deep livid hue; and, notwithstanding the assiduous exertions of attendants, my respiration occasionally sunk to *ten* and even *eight* in a minute, while the pulse was beating irregularly about 130. Ether, ammonia and camphor

were freely administered, and applied to the nostrils ; and frictions with volatile liniment and oil of cinnamon were perseveringly employed. I soon revived in some degree ; but for several hours the sense of darkness induced me to suppose it real night ; and respiration was sustained only by constant and laborious efforts. The involuntary respiratory nerves seemed almost powerless ; and for more than twenty-four hours I could not be suffered to sleep longer than two or three minutes, without nearly a total cessation of breathing. The sensations at this time were very different from those of the preceding days, when the difficulty of respiration seemed chiefly depending on the organic nerves. Then the breathing was anxious—the conscious feeling of imperfect respiration, with the exercise of reason, called for vigorous and hurried respiratory action. Now consciousness, sensation, reason and muscular energy were at the lowest ebb ; the little life which remained was a burden ; and the exertions of friends to arouse me seemed an annoyance. A person who has never experienced the feelings attending such a state can have no adequate idea of them. As consciousness and reason revived, I felt like one who is laboring to escape from drowning ; who has been swimming for the shore, until his strength is almost exhausted ; occasionally his head is suffered to sink in despair, and again the agonizing sense of suffocation calls for another desperate struggle ; while every wave threatens to overwhelm the last effort of exhausted nature.

After this critical period, wine, brandy, quinine, and a moderate use of opium, operated favorably. Two abscesses formed on the posterior part of the side, each of which discharged five or six ounces of healthy pus.* I was confined to the room in all five weeks. Much of the time there was considerable tendency to tympanitic distension of the abdomen, which was promptly relieved by more full and frequent doses of the nitrate of silver. The disordered function of the nerves concerned in respiration, which was so remarkable through the whole disease, continued in some degree even after I was able to resume the active duties of my profession. Frequently I was aroused from sleep by a sudden deep spasmodic sighing inspiration, which sometimes also affected me when awake.†

Arsenical solution.—It has been a matter of dispute whether this article is a stimulant to the circulating system. I am undecided whether it is directly so, or only secondarily through the influence of the arterializing function. The latter operation is certainly the most prominent ; and it is therefore a valuable remedy in the congestive form of typhous and typhoid fevers. Drs. Miner and Tully recommend this article as a valuable remedy in the low stages of typhous and other fevers, when

* Dr. Higginbottom speaks highly of the external use of nitrate of silver in promoting healthy suppuration. I have observed many proofs of the correctness of his views ; and I am fully satisfied that the internal use of the remedy has a no less salutary effect in promoting this object.

† A remarkable symptom, attending the early stage of my disease, was a morbid excitation of the faculty of memory. Articles that I had read cursorily, years before, were fresh in memory, so that I could recollect not only general ideas, but almost the precise language, pages, &c., points on which my memory ordinarily is very deficient. After the critical stage of collapse, there was a proportionate failure of this faculty, the effects of which remained some time after my general health was restored. The first time I rode out, it was with difficulty and uncertainty that I could remember streets and houses with which I had been most familiar ; and on several occasions I even found myself laboring to call to recollection my own name.

the general debility is attended either with irritability or torpor.—*Essays on Fevers.*

Cantharis, as an internal remedy, is of much value in the low torpid stages of typhous and typhoid fevers, particularly those of a congestive form, in which the respiratory function is deficient. It operates upon the nervous system generally, relieving subsultus tendinum, coma, and other symptoms of nervous exhaustion; and its effect on the nerves concerned in respiration, I think, constitutes no inconsiderable part of its favorable operation.

Capsicum is particularly adapted to scarlet fever and erysipelatous diseases generally; but is useful in the low stages of most diseases attended with nervous torpor.

Chlorine.—The change which this remedy effects in the blood has been noticed by several writers, and different views have been entertained in regard to its *modus operandi*. It is useful in typhus; but more especially, I think, in scarlet fever and erysipelatous diseases. The chlorides of soda and lime are convenient forms for its administration.

Creosote appears to have an operation on the respiratory function, similar to that of chlorine; but, from limited experience with this remedy, I cannot speak confidently of its powers.

4th. *Ventilation.*

Free ventilation is very important in cases of difficult or imperfect respiration. Its advantages are very obvious in dyspnœa and asthma, and in many cases of phthisis, pneumonitis, and other diseases.

A most injurious custom commonly prevails in many places—that of crowding the room of the sick and dying with friends and acquaintances of the patient. I would not, for slight reasons, object to a custom which to many minds appears sanctified by common association with the solemnities of death; but a custom so injurious—so murderous—as this, ought not to be tolerated. To persons in health the impure air of a crowded room often is unpleasant; and in the diseases just mentioned it commonly occasions distressing sensations to patients. But its most injurious effects are to patients who from unconsciousness or extreme exhaustion cannot express the injury thus occasioned them—the dying, and those in imminent danger of death. Many, very many lives, I have no doubt, are sacrificed to this pernicious custom; and, in a great proportion of cases, it renders the last moments of life more distressing, and hastens death. When the system is struggling in agony to sustain the respiration, and nature is almost exhausted, the deteriorated air occasioned by surrounding, anxious, sympathizing friends, may turn the scales in which life and death are so equally balanced.

In severe paroxysms of dyspnœa and asthma patients commonly feel the necessity of free ventilation; and in phthisis I have had many patients insist on having the windows and doors of their rooms kept open, even in the coldest weather of winter. Such cases show the importance of attending to this subject, in the low critical stages of other diseases; and as a general rule, in such cases, I would advise that a room should be freely opened, while, if the weather is cold, the body is protected

with warm but light clothing ; and no persons should be in the room, excepting such as are required to attend the patient.

5th. *Remedies which obviate mechanical impediments to the respiration.*

This indication is sometimes very important in the treatment of diseases attended with deficient respiration. The various mechanical impediments to the respiratory motions, adverted to in a former part of this essay (page 241), should receive careful attention and be obviated if practicable. If, for instance, the respiratory motions are obstructed by water collected within the pleura or peritoneum, calomel, elaterium, digitalis, and other remedies of this class will be appropriate.

One of the most common mechanical impediments to the respiration, in the low stages of typhous and typhoid diseases, is tympanitic distension of the intestinal canal. For this affection various remedies are used, as ether, camphor, capsicum, the pungent aromatics, and the introduction of a flexible tube per anum ; but there is no remedy which I have found so commonly efficacious as the nitrate of silver, exhibited in doses of gr. 1-8 or gr. 1-4, every hour or once in two hours.

In dyspepsia, hypochondria, phthisis, delirium tremens, and other diseases attended with deficient respiration, injury is often occasioned by tight dress, which confines the motions of the chest.

In dyspnœa, asthma, phthisis, and other diseases, patients frequently complain of inconvenience from the weight of bed clothes. In the low stages of pneumonitis, typhus, and in general when there is extreme exhaustion, with laborious, imperfect respiration—as in the dying—the bed clothing should be of the lightest fabric ; and in many cases it is desirable that the clothing should be supported by the hand of an attendant, so as to prevent its pressure on the body of the patient. Under such circumstances, a slight impediment, which in health would occasion no inconvenience, may prove a fatally oppressive load to the system exhausted by disease.

6th. *Remedies which excite secretions vicarious of respiration.*

The bronchial membrane, the liver, skin, kidneys, salivary glands, and the uterus and mammary glands in females—all the secernent organs—are to some extent vicarious in their functions.

The menstrual secretion has an important relation to the respiratory function. In cases of oppressed and deficient respiration, it is not uncommon that this secretion occasions immediate and decided relief.

In some cases of general exhaustion, as in advanced stages of phthisis, it is generally considered as desirable that this secretion should be suspended. The utility of this suspension appears, however, to depend upon other circumstances than simple exhaustion. If with much exhaustion there is a frequent, quick, and irritative pulse, a florid skin, natural wakefulness, and other indications of perfect arterialization of the blood, a continuance of the menstrual secretion is injurious. On the contrary, if the pulse, whether frequent or infrequent, is oppressed ; if the lips, the finger nails, and the surface generally, have a livid tinge ; if there is a disposition to drowsiness with occasional vertigo and tinnitus aurium ; if the exhaustion is complicated with torpor—a torpor occa-

sioned by imperfect respiration—if such are the permanent prevailing symptoms, the menstrual secretion commonly has a favorable effect, and rarely fails to afford at least temporary relief.

I apprehend that the injurious effects of morbidly excessive menstruation have rendered many practitioners over-cautious in regard to the debility which this natural drain of the system is supposed to occasion.

A similar remark appears applicable in reference to the function of *lactation*. Excessive lactation is exhausting; and should be cautiously avoided in the low stages of fever, in phthisis, and other diseases attended with much debility. Yet a sudden suppression of the milk is almost sure to occasion unpleasant nervous symptoms, with oppressed respiration; and in typhous and typhoid fevers, and in some cases of phthisis—notwithstanding a considerable degree of exhaustion—if the prominent symptoms are connected with oppression of the respiratory and cerebral functions, the secretion commonly should be encouraged.

The skin is well known to perform an office in some degree vicarious of respiration. If the cutaneous secretion is checked, the respiration becomes hurried and laborious; and in cases of oppressed respiration a free perspiration often produces decided relief. These circumstances clearly indicate the importance of attending to the skin, in disorders of the respiratory function. Caution is required, however, in case of disparity between the respiratory and circulating functions, that the remedies exhibited to act on the skin, do not excite arterial action, and thus increase this disparity. Through neglect of this caution, much injury is done by the hot drinks, the external heat, and the general stimulating regimen, commonly employed in domestic and empirical practice, to “sweat” or “steam” a patient, in the commencement of any febrile disease.

The liver also performs an important similar vicarious office. The green discharges, produced by increased action of the liver, which attend a favorable crisis in cholera, are an example of the agency of this organ in depurating the blood. So in congestive fevers free bilious evacuations are almost invariably accompanied with a relief of the subsultus, stupor, coma, livid skin, and other symptoms of imperfect respiration.

Of the remedies which act upon this organ, and thus obviate the effects of imperfect arterialization of the blood, *calomel* is the most important. This remedy, a notice of which has been deferred for this place, on account of its operation on the liver, is one of the most important of the class of remedies, before adverted to, which operate *to excite and invigorate the arterializing nerves*. It appears, indeed, to have an exciting operation on all the organs supplied by the great sympathetic nerve; and hence it produces a general effect on the secretions of the system. Its operations on the liver, the mucous membranes, the skin, and the salivary glands, are well known; and most practitioners must have noticed the relief afforded by calomel in cases of cerebral and general nervous oppression—subsultus, stupor, coma, muttering delirium, &c.—symptoms which, as I have endeavored to show, are commonly connected with imperfect respiration.

CHLORIDE OF SODA—A REMEDY FOR POISONING.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It may not be amiss, particularly at this season of the year, to call the attention of your medical readers to the use of the chloride of soda in cases of poisoning with rhus radicans or poison ivy. In No. 22, February, 1833, of the American Journal of the Medical Sciences, a case is related in which the left arm and both legs were very tensely swollen, and their surface strongly resembled the denuded surface of a blister, scald, or burn, in a suppurating state, and in which the soda was directed as follows. R. Soda chlorid., ʒiss. ; aquæ, ʒ viij. M. ft. solut. The inflamed parts were first washed in Castile soap and water, and then cloths dipped in the solution were kept constantly applied ; and the patient was to take a cathartic of sulph. magnesia. On the second day the eruption was dried up and the patient nearly well.

The following case will serve to substantiate the claims of the soda to further trial. May 2d. J. F., adult, while at work exposed to poison ivy, cut his leg midway the tibia, to which he applied adhesive plaster, and continued at work through the day.

12th. Wound not disposed to heal ; eruption under the plaster at first, but now extends nearly the whole length of the tibia. Applied ung. digest. to the wound, and a weak aqueous solution of acet. plumbi to the eruption, and gave sulph. magnesia as cathartic.

16th. Eruption extended to the scrotum, attended with a thin colorless discharge and great irritation. Applied aqueous solution of opium and ung. acet. plumbi ; has taken sulph. magnes. every day.

17. The eruption completely covers the face, trunk, and extremities, attended with a discharge from the chin, scrotum, and thighs, where it lies in contact, and from the leg where it first commenced ; penis swelled irregularly, in its general appearance resembling anasarca ; great restlessness, pulse 120, tongue slightly furred. Discontinued former medicines, excepting the salts. Sponged the whole body with chloride of soda, one part to eight parts of tepid water, by which immediate relief was obtained from the severe itching and burning ; applied a cloth wet in the same to the penis and scrotum, and another to the leg.

18th. More comfortable, discharge less. Continue sponging six or eight times a day.

19th. No discharge, swelling gone, and the general eruption faint. Continue sponging occasionally. Patient about house.

20th. Disappeared, excepting on the fore arms. Continue treatment.

If the chloride of soda is applied full strength, it will produce a discharge ; consequently the strength of the solution should be regulated according to the irritability of the surface. It will be perceived that it was used much stronger in this case than in that taken from the American Journal, but the surface was different, the discharge being in this case an oozing from the heads of the pimples.

I hope further experiments will be communicated from an abler source. The above is of course at your disposal.

South Berwick, Me., May 24th, 1838.

Respectfully yours,

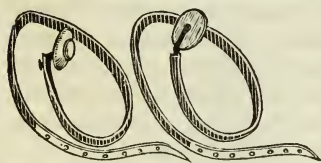
EZRA BATLETT, JR.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 13, 1838.

ROCKET TRUSS.

BELIEVING it the best mode of ascertaining the exact value of this instrument, the invention of Mr. T. Corbett, of the Canterbury, N. H. Shaker community, it was placed in the hands of a professional friend who is a host in these matters. With his accustomed candor, he returned the truss with the following accompaniment. "It strikes me that if it contains any advantages over those in common use, a serious objection to its construction is *its vibrating neck*." Further, he seems to believe that it lacks retentive power—without which no truss can be essentially serviceable. Not satisfied with this decision, other gentlemen, conversant with hernial apparatus, were invited to examine the Shaker truss. While some discover in its mechanical simplicity many excellences, others view the rocking pad with perfect alarm. With these conflicting testimonies, it is scarcely possible to obtain a just decision at present. One thing is certain ; Dr. Mussey, of Hanover, and Dr. Twitchell, an eminently distinguished operator of Keene, N. H., speak unhesitatingly of its merits. For ourselves, we should be quite contented with any opinion those gentlemen might advance, pro or con, in surgery. Thus far no opportunity has been offered in Boston, to give Mr. Corbett's invention a reasonable trial, and hence our surgeons are unwilling to sound his praises at the onset. He may rely upon our impartial decision in time. It would be well to supply the druggists—and, above all, get Dr. Leach to make a fair trial with it on some of those formidable ruptures in which he is so frequently consulted. Whenever any facts of interest are developed, touching its efficacy, Mr. Corbett shall certainly reap all the advantage arising from their promulgation. At all events, the ingenuity manifested in the working pad, shows that the profound attention of the contriver was directed to the consideration of relieving the unfortunate from the



pains and perils incident to hernia. A front and back view of the instrument are here given.

What is Thirst?—Such is the title of a small tract sent to this Journal, purporting to belong to a series on health, of which this is the third number. The author has evidently achieved a distinction of which he is decidedly proud—"So that now he has very rarely a desire to take any kind of drink—even pure water." Verily, we are approaching a dietetic millennium, it being finally discovered that water was only designed for floating ships, steamboats, saw-mill logs, and fishes. We look back with astonishment upon the stupid ignorance of our forefathers, who were nurtured in the pernicious error that water was made for quenching thirst. The revivification of a parched corn diet, chesnut puddings, and a macadamised bed, the burden of these rag-fair productions, thus far, have only excited a pleasant merriment ; but if the monomaniac writer

were only invested with supreme authority for half an hour, the first exercise of his power would be to cut off every man's head who presumed to eat, drink or sleep according to his own personal views of comfort.

We advocate the cause of temperance, and glory in the moral revolution which is going on throughout the civilized world ; but we are disgusted with that hypocrisy which, under the semblance of unbounded philanthropy, shows itself in one everlasting lamentation because all christendom does not instantly return to savage life.

Hints for the Young, &c.—Weeks, Jordan & Co. have republished from this Journal a small treatise of sixty pages, entitled "Hints to the Young, on a subject relating to the HEALTH OF THE BODY AND MIND, with additions, by the author." At the time the chapters appeared in our pages, they were extensively circulated and read with deep interest by the profession. The object in collecting the whole into a compact pamphlet form, is that the melancholy facts there disclosed may reach those who would otherwise remain utterly ignorant of the various modes in which the mind is impoverished by solitary vices, and the body broken down in early life under the uncontrolled dominion of the passions. One single circumstance will recommend it to the intelligent reading, thinking community, had it no other merit—viz. Dr. Woodward, of the Insane Hospital at Worcester, is the author.

A Singular Accident.—On the 29th of May, a child, three years old, residing in this city, swallowed an open, tortoise-shell-handled penknife, with a steel blade—in the whole, measuring two inches and five eighths in length,—which passed safely through the intestinal tube in fifty-one hours. The child was not, to the knowledge of the family, in the least degree disturbed by the presence of the instrument, nor is there any reason for supposing that the stomach or bowels have been injured in any manner whatever by the rapid progress of an open blade through a tract of eight times the length of the child's body.

Copland's Dictionary.—A second volume of this highly prized work was delivered to the fellows of the Massachusetts Medical Society, at their last anniversary. Nothing having been said to the contrary, it is presumed that the third will be delivered next year. It should be repeated, again, that the publishing committee were never blameable for the tardy manner in which the parts of the dictionary have appeared.

Vacant Professorships.—It is pretty certain that several new appointments must necessarily take place in two of the New England schools of medicine, between this and autumn. The question arises—who are best qualified to discharge the duties ?

Hook-Swinging in India.—Notwithstanding the violence done the dorsal muscles by thrusting a large hook into the flesh, each side of the spine, by which the body is suspended a considerable time to appease the goddess over smallpox and cholera, there is no evidence that the devo-

tees are permanently injured by the operation. Mr. Tracy, of the missionary service, not long since, was present at one of these terrible exhibitions at Madras—from whence he wrote the following particulars. “The hooks, which were six inches long, were inserted in the backs of the victims, for so I must call them, before leaving the temple, after the back had been smartly beaten for some time by a strong man. One hook was inserted on each side of the back bone, a little below the shoulders, and took up an inch and a half of flesh. After the hooks were inserted, they made a circuit around the pole, to be seen by the people. Several appeared to be under the influence of some intoxicating drug. As I stood near the pole, I could observe every change of countenance. Some were evidently alarmed and suffered a good deal : others were perfectly reckless ; one or two held with their hands by a rope which hung before them, nearly all the time they were swinging ; while one or two others threw themselves loose, tossing about their legs and arms as if desirous to show how little they suffered. While suspended in the air, they scattered fruits and flowers over the heads of the people, who seized them as most precious relics. One man, in addition, beat upon a tom-tom, and another fired off a musket several times as he made his circuit through the air. They were elevated thirty or forty feet from the ground. No blood flowed, except in one instance, and that was considered by the people as a real miracle.”

Pneumonia in Children.—When pneumonia attacks children after the age of six years, the prognosis is usually very favorable ; the disease (if without complication) is rarely fatal. Careful observations made at the *Enfants Malades*, Paris, show that the mortality rarely exceeds one in forty.—*London Lancet*.

Rupture of the Inferior Vena Cava.—A man, 30 years of age, had suffered under repeated attacks of hæmoptysis during his youth ; for the last eighteen years he also had been affected with hæmorrhoids, and a varicose state of the veins of the foot, which gradually reached those of the thigh and inguinal region. About three or four weeks before his death, the patient labored under a low fever, with intermitting type, from which he had nearly recovered, when, on the fourth day before his decease, he was suddenly seized with a sense of anxiety and oppression about the breast, accompanied by vomiting and purging ; these symptoms gradually declined, and the patient seemed to be in a fair way for recovery, when he was again suddenly attacked by violent pain in the right lumbar region, with oppression and urgent necessity for free air, &c. Convulsions soon set in, and the man died in four hours.

Some traces of chronic inflammation were found in the lungs ; the right auricle of the heart was considerably enlarged, while, at the same time, its parietes were much thinner than is seen in the natural state ; the right ventricle was also thinner than it should have been. The pericardium contained about two spoonfuls of clear serum. The liver was very dark colored, soft, and full of blood ; the vena portarum was enlarged, and spleen was at least twice its natural size. The whole of the abdominal venous system was also remarkably enlarged ; the right lumbar and inguinal regions contained a large quantity of coagulated blood, and

on a careful examination being made, the point of hæmorrhage was traced to the inferior cava, near the junction of the iliac vein.

This part of the vessel was remarkably enlarged, and perforated with several openings about the size of pins' heads. The parietes of the vessel did not appear to be thinned, although the enlargement comprehended the entire calibre.—*Berlin Med. Zeit.*

Results of Poisoning by Sulphuric Acid.—At a meeting of the Royal Medical and Chirurgical Society, London, Dr. John Wilson describes the condition of the œsophagus in a patient who died 45 weeks after having swallowed a considerable quantity of sulphuric acid. The history of this case had been previously detailed in a paper read at the College of Physicians in July, 1834, the patient being then alive, at which time a cylindrical tube, eight or nine inches in length, which had been ejected by a violent fit of coughing, was laid on the table. At that time the patient had survived the injury six months, and was soon afterwards discharged from the hospital, in a great measure recovered. She was admitted, however, in the following September, much reduced, and, after very great suffering, died on the 17th November. On examination, post mortem, the lower two-thirds of the œsophagus were thickened and narrowed, and very vascular, and softened internally; the upper third of the tube shone like an old cicatrix. In the stomach opposite to the spleen was an opening of the size of a half crown, with softened edges; and the abdomen contained a quantity of dark-colored fluid, but no signs of inflammation. Preparations of the ejected tubular membrane of the œsophagus were exhibited to the Society. A colored model was also exhibited, to the meeting, of the stomach of another patient, who had died 22 hours after swallowing two or three ounces of sulphuric acid, which had remained in the stomach a quarter of an hour. The lining of the mouth, pharynx, and œsophagus in the latter case was of a silvery-grey speckled appearance, like a snake's skin, and the lining membrane of the stomach was coated with a black pitch-like substance, which did not easily wash off, but which, when scraped off, left the membrane entire.—*London Lancet.*

Notice of the Bafureira of Cape de Verd, by Dr. B. A. Gomes.—This plant is indigenous at Cape Verd, and is employed by the inhabitants of the Cape Verd Islands, and the coast of Africa, to increase the secretion of milk. The writer has been assured by persons whom he thinks worthy of credit, that, not only is it efficacious for this purpose in women who have been recently confined, but that it produces the secretion in virgins and persons of advanced life; so that infants have been nursed for a long time by females who, from their age and other circumstances, could not have furnished the secretion under the influence of any natural stimulant. Its mode of employment is by means of poultices, made of the green leaves, applied to the mammæ; or a strong decoction, with which the same parts and external organs of generation are washed. Sometimes such a decoction is taken internally, conjointly with its external application. The plant belongs to the family *Euphorbiaceæ* and the genus *Ricinus*. The writer is doubtful whether it is a variety of the *Ricinus communis*, or a distinct species. It has been raised in the garden of the Marine Hospital at Lisbon, from seeds sent from Cape Verd.—*British and Foreign Medical Review.*

TO CORRESPONDENTS.—The papers of Dr. Trowbridge on gun-shot wounds, Dr. Sugg on a case of vaginal tumor, and Dr. Howe on one of fungus hæmatodes, will be inserted in their turn.

Whole number of deaths in Boston for the week ending June 9th, 28. Males, 15—Females, 13.

Consumption, 4—infantile, 2—tumor, 1—scarlet fever, 3—fits, 1—typhous fever, 1—measles, 1—convulsions, 1—stoppage in the bowels, 1—old age, 1—canker, 1—inflammation of the bowels, 1—croup, 1—erysipelas, 1—poison, 1—diabetes, 1—stillborn, 2.

MEDICAL LECTURES.

THE Medical Lectures at Hanover, N. H., will commence on Thursday, the 2nd of August next, and continue thirteen weeks.

Anatomy, Surgery and Obstetrics, by	R. D. MUSSEY, M.D.
Physiology, Materia Medica and Medical Jurisprudence, by	DANIEL OLIVER, M.D.
Theory and Practice of Physic, by	J. DELAMATER, M.D.
Chemistry and Pharmacy, by	O. P. HUBBARD, M.D.
Demonstrations in Anatomy, by	NOAH WORCESTER, M.D.

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June 1, 1835. J13—eop3t

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J13—tf

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The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVIII.]

WEDNESDAY, JUNE 22, 1833.

[NO. 20.]

INSANE HOSPITALS IN THE UNITED STATES, IN OPERATION IN MAY, 1833.

[Communicated for the Boston Medical and Surgical Journal.]

1. THE McLEAN ASYLUM IN CHARLESTOWN, MASSACHUSETTS.—This institution has been in operation about 20 years. It has been twice enlarged, and will now accommodate nearly *one hundred and fifty* patients. Its present number is about 100. Its first physician and superintendent was Rufus Wyman, M.D., who resigned in 1835. He was succeeded by Thomas G. Lee, M.D., who continued in it but a short time, and died October, 1836. His successor, Luther V. Bell, M.D., is the present superintendent; John R. Lee, M.D., assistant physician. The McLean Asylum is a splendid establishment, has been erected and supported at great expense, has had ample funds, which have been expended with a liberal hand. It is an excellent institution, and deserves, as it has always received, the patronage of the public.

2d. THE STATE LUNATIC HOSPITAL AT WORCESTER, MASSACHUSETTS, was erected in 1831 and 32, and went into operation January, 1833. It was originally built to accommodate 120 patients; it was soon crowded. In 1836 a wing, extending 100 feet, designed to accommodate more than fifty patients, was added. In a few months this was filled also. In 1837 another wing, of the same dimensions, was erected, together with a handsome chapel contiguous. The whole building will now accommodate *two hundred and twenty-nine* patients, with separate apartments. It has at present about 215 inmates.

The State Lunatic Hospital is a public establishment, the largest in the United States, and is a noble monument of the munificence and public spirit of the State. The building is a model of simplicity and adaptation. From its commencement it has been under the care of Samuel B. Woodward, M.D., as physician and superintendent, and George Chandler, M.D., assistant physician.

3d. THE RETREAT FOR THE INSANE AT HARTFORD, CONNECTICUT.—This institution was erected in 1823, and opened for the reception of patients in April, 1824. It was originally designed to accommodate *sixty* patients. It was enlarged in 1831, and will now accommodate about *one hundred*. Its present number of patients is about 90. Under its first superintendent, Eli Todd, M.D., it obtained great celebrity in the country; it was well conducted, and eminently successful. Dr. Todd died in 1833, having been in the institution nearly ten years. Silas

Fuller, M.D., its present superintendent, sustains the character of the institution, and it is at this time one of the best in the country.

4th. **THE VERMONT ASYLUM FOR THE INSANE, AT BRATTLEBOROUGH.**—This institution has recently commenced, having been opened in 1837. It will admit of about 35 inmates, and is quite full. Additional buildings are now erecting, which will increase the accommodations to about *one hundred*. Its commencement has been very favorable under the superintendence of Wm. H. Rockwell, M.D.

5th. **THE BLOOMINGDALE ASYLUM IN NEW YORK.**—This institution commenced operations in 1821. It is a splendid establishment, beautifully situated, having fine grounds and extensive enclosures. It is designed to accommodate about 200 patients, and has at present about 150. Its first physician was John Neilson, M.D., whose residence was in the city. He visited the asylum two or three times a week. Wm. McDonald, M.D., was its first resident superintendent and physician; he received his appointment in 1829, and resigned in 1837. The present superintendent is Benjamin Ogden, M.D. This institution has been erected at great expense, and no pains have been spared to make it a delightful residence for the insane. It has a high reputation, and well deserves the confidence of the community.*

6th. **THE PENNSYLVANIA HOSPITAL, IN THE CITY OF PHILADELPHIA.**—This hospital was established in 1752. It has a department for the insane, in which there are at present about 100 patients. It was for many years principally under the care of Dr. Rush and other eminent physicians of the city. It is the oldest institution in the United States.

7th. **THE FRIENDS' ASYLUM, AT FRANKFORT, PA.**—This institution is six miles from Philadelphia—was established in 1817. It has recently published its 21st annual report. The number of patients the last year has averaged about *sixty*. This is an excellent institution, well deserving the patronage it receives, and is a delightful, quiet retreat for its unfortunate inmates. Its principal physician is Charles Evans, M.D., who resides in Philadelphia. The resident physician is Robert R. Porter, M.D.

8th. **THE MARYLAND HOSPITAL, IN BALTIMORE.**—Till recently this was a Marine Hospital. At present it has a few patients not insane, but is principally used as an insane hospital. The present intention of the board of managers is to make it exclusively so. It is about to be enlarged and improved. Its present number of inmates is 60. Superintendent, W. Fisher, M.D. The female department of the hospital is in the care of the "sisters of charity," who devote themselves to every duty, with a zeal and assiduity most praiseworthy and commendable. Twelve individuals of this order spend their whole time in the hospital.

9th. **THE INSANE HOSPITAL AT WILLIAMSBURG, VIRGINIA.**—This hospital was established before the revolution, and is one of the oldest in the country. During the revolutionary war it was deserted by

* The New York City Hospital has usually a number of insane in its wards designed for this class of patients; the present number is unknown.

the insane, and when the conflicting armies were in the neighborhood of Yorktown, it was used as a barrack and infirmary for the sick and wounded. It is now exclusively occupied by the insane, and is to be enlarged, improved, and new modelled. The system of management has been defective, but is now in the way of improvement, under the care of its zealous and enterprising superintendent, Philip I. Barziza, Esq., who has recently visited the institutions of New England and the Middle States, to ascertain what improvements may be adopted in this ancient establishment. The present number of patients is about 80.

10th. *THE WESTERN HOSPITAL, STAUNTON, VIRG.*—This institution was established about 1828. Its present number of patients is 70. The superintendent is Francis T. Stribling, M.D.

The two last are public institutions, supported by the State. Appropriation has been made by the Legislature for the enlargement and improvement of these institutions. The gentlemen who superintend them have both been at the north, recently, to look at the institutions in this section of the country, with reference to the improvement of their own.

11th. *THE INSANE HOSPITAL IN LEXINGTON, KENTUCKY.*—This is a State institution, and a large proportion of its inmates are supported by the State. It is designed to accommodate more than 100 patients; in the time of the cholera it had 113, 40 of whom died of that disease. It has no resident physician, but is visited by one in the neighborhood when sickness amongst its inmates requires it. The medical professors are obligated by law to attend on the patients, when their service is required by the attending physician, without charge. Its average number of inmates is from 90 to 100.

12th. *THE INSANE HOSPITAL IN COLUMBIA, SOUTH CAROLINA.*—This institution has been under the patronage of President Cooper. The number of accommodations and inmates is unknown.

INSTITUTIONS FOR THE INSANE ESTABLISHED AND NOW BUILDING.

1st. *At Augusta, in Maine.*—This hospital is to be a public institution, for the accommodation of more than 100 patients. It is to be built after the model of the State Lunatic Hospital at Worcester. Half the funds for its erection were furnished by two benevolent individuals, and half by the State. It is nearly completed.

2d. *At Boston, Mass.*—A hospital is erecting in connection with the other receptacles for the unfortunate, in South Boston. It is designed to accommodate about 75 patients; it is expected that they will all be paupers. This establishment was recently commenced.

3d. *The Ohio Lunatic Asylum, at Columbus.*—This institution is designed for the accommodation of 120 patients. It is built after the plan of the State Lunatic Hospital at Worcester, Mass., principally under the superintendence of William M. Awl, M.D., who will probably be its superintendent and physician. It is nearly completed.

4th. *The New Hospital for the Insane in Philadelphia*, now erecting by the managers of the Pennsylvania Hospital. The size and number of its accommodations unknown.

5th. *The New York Pauper Asylum, at Blackwell's Island.*—

This institution is built at the expense of the city, and is a pauper establishment.

6th. *The Insane Hospital at Nashville, Tennessee.* Centre building completed, the wings in preparation ; under the superintendence of James Overton, M.D.

7th. *The State Lunatic Hospital, at Utica, New York.*—A large establishment, designed to accommodate 1000 or 1500 inmates ; location fixed, and a liberal sum granted by the Legislature for the erection of the buildings. It was to be commenced this spring.

INSTITUTIONS CONTEMPLATED AND EFFORTS MAKING TO ESTABLISH THEM.

1st. *In Connecticut.*—A committee was appointed by the Legislature of this State, consisting of Drs. Thomas Hubbard, Geo. Sumner, and Charles Woodward, who were instructed to collect all the facts and statistics of insanity which they could, and report, together with a plan of a building, location, &c., to the Legislature now in session, which has been done. It is expected that appropriations will be made for the erection of a new institution, or the enlargement of the Retreat at Hartford.

2d. *In New Hampshire.*—Great efforts are now making to establish an institution for the insane in this State. Considerable sums have been subscribed, and it is expected that the Legislature, now in session, will make an appropriation for the object.

3d. *In Washington City.*—The preliminary steps towards erecting an institution for the insane have been taken at the seat of government, and although for the present postponed, will doubtless be revived at some more suitable period.

In addition to the above, there are two or three private establishments which deserve to be named. There is one at Hudson, New York, under the care of the Doctors White ; one at Pepperell, Mass., superintended by Dr. Cutter ; and one at Cambridgeport, Mass., formerly of considerable celebrity, under the care of Dr. Chaplin, more recently under the care of Mrs. Chaplin, the widow of Dr. C., who is also recently deceased. There are many others of less note.

It is gratifying to learn that there are preparing, during this year, more accommodations for the insane, in the United States, than have before existed since the settlement of the country. The number of insane persons in the United States cannot be less than 15,000, probably not less than 20,000. The institutions now in operation cannot accommodate ten per cent. of the number. When all are completed that are erecting, or seriously contemplated, they will fall far short of supplying the wants of the nation.

Of the character of our institutions it may be said, that while many are in all respects excellent, not exceeded by the best in Europe, for the comfort which they afford to the inmates, or the number of recoveries which they effect, others are in a bad condition, receptacles only of incurables, and render hopeless, cases that are susceptible of cure under a system of treatment humane and merciful in its dispensa-

tions. There is at present a spirit abroad in our country, which cannot fail to be of immense benefit to this class of unfortunate fellow beings. New institutions are in progress, or are contemplated in every quarter of the union. The managers of the *old* ones are awaking from the slumber of years, and effecting radical reform in their government. A spirit of inquiry is manifested, information is sought, reports are called for, and the more recently established institutions are visited and examined with reference to improving their management. Within the last few weeks the principal officers of both the institutions in Virginia, and of the Maryland Hospital, have been in New England, collecting information, and have returned home with the best impressions and a zeal worthy of the cause. The institutions at the South are not equal to those of the Northern and Middle States ; but they have commenced a reform. Liberal appropriations have been made in some of the States to improve old and erect new buildings, and introduce all the improvements of the best institutions in this section of the country.

Even at the north we cannot be stationary, for there is yet much to be accomplished. Already the problem which has been propounded to the medical world for a century, "Whether religious worship can benefit the insane," is in prospect of a favorable solution.

At the McLean Asylum they have evening prayers, and religious worship on Sabbath evenings, at which a majority of the inmates attend.

At the Retreat, in Hartford, they have made provision for stated religious worship on the Sabbath, and the inmates occasionally assemble in considerable numbers and hear preaching.

At the Bloomingdale Asylum they have one religious service each Sabbath, at which more than one third of the inmates attend.

At the State Lunatic Hospital in Worcester, there are two religious services on each Sabbath, in a neat chapel erected for the purpose. The singing is regularly performed by a choir composed of patients and attendants, accompanied with from two to five instruments, on each Sabbath. At these meetings a large proportion of the residents in the hospital attend. Since the present year commenced, there have been *two hundred and seventy-three* patients in that hospital, of which *two hundred and twenty-six* have attended public worship more or less ; about *two thirds* assemble on each Sabbath.

Thus far, the report from all these institutions of the influence of religious instruction, is highly favorable. The experiment is in the way of a fair trial. The success is greater than was expected, and promises results which may throw much light upon the philosophy of insanity.

It is to be regretted that so few reports are published of our hospitals for the insane, and that many that are published are so brief and imperfect, giving but little information, and omitting much that is important. It is greatly to be desired that *full* and *uniform* annual reports should come from all our public institutions. In this way only can the true merit of each be known.

W.

May, 1838.

CURVATURES OF THE SPINE.

*To John C. Warren, M.D., Professor of Anatomy and Surgery in
Harvard University.*

DEAR SIR,—In a previous number of the Boston Medical and Surgical Journal, I had the honor of addressing to you some cursory remarks on curvatures of the spine in general. I now take the liberty to make some observations on particular curvatures, viz. the lateral, the posterior, and the anterior. Of these the lateral is very much the most common, and less likely to be accompanied by disease of the vertebræ than either of the others. The lateral curvature is very generally first formed in the loins, and more frequently than otherwise towards the left side. In process of time another curvature is formed between the shoulders, in an opposite direction. This second curvature takes place as a matter of course; it being essential for the purpose of balancing the head and shoulders.

I have at this time under my care a very remarkable curvature of the spine. The subject of it is a lady about 30. She was remarkably straight and erect until she was about 8 years old, when the spine began to curve in the loins, and afterwards the curve took place between the shoulders. These curves have been gradually increasing, up to the present time. I fear it will be difficult to give you an accurate idea of the peculiar curvature of this spine. I will attempt it by beginning at the sacrum. The spine here goes off, almost at right angles, towards the left side for almost three inches; it then forms an arch, turns and runs in nearly a horizontal line to the right shoulder blade; it then forms an acute angle, and pursues its course to the neck. The cervical vertebræ are straight and erect. The head is placed on a line perpendicular to the centre of the pelvis. The shoulders are on a level with each other, and the hips are of equal height. As this lady approaches you in front, or turns from you and walks off, you would not notice anything in her appearance very remarkable, except the shortness of her body, compared with the length of her lower limbs. Her head and shoulders are well balanced. Still it must be obvious to you, if I have been successful in giving you an idea of the relative position of the parts, that the head and shoulders are sustained in the erect position to the great disadvantage of the supporting muscles.

The fact is, the horizontal turn which the spine takes across the body, and on which the head and shoulders rest, operates as a lever, greatly to the disadvantage of the supporting muscles. The head and shoulders are approaching daily nearer and nearer to the pelvis. The space now between the tops of the ilia or the hip bones, and the axilla or arm pits, is only 4 inches. Still the tops of her shoulders are level with each other, and so are the tops of her hips. This renders her situation peculiar, as there are very few cases where so great a deformity exists that the person is not one sided—either inclining to the right or left. The greatest inconvenience this lady complains of is, that she feels, to use her own words, as though she was sinking down, and that her shoulders would soon rest upon her hips. She has some reason for this sensation,

for, as I have before mentioned, only a space of four inches now intervenes. All that can be done for her, is to render her situation more comfortable. I have put on spinal supports, so as to give aid to the spinal muscles, and prevent any further increase of the deformity. In this way she will probably go through life very comfortably. The difficulty will not, probably, increase, and as she seems to possess a great deal of philosophy and energy of character, I have no doubt she will enjoy life better than many who have mere imaginary troubles and complaints.

I have stated above that in lateral curvatures, the curve first forms in the loins, and that the curve in the dorsal and cervical portions of the spine, follows as a necessary consequence, to enable the body to preserve its equilibrium. If the curve in the loins can be straightened, it is almost a necessary consequence that the dorsal and cervical portions of the spine will become straight also; and for the above reason, viz. to enable the body to preserve its equilibrium. This, however, will follow of consequence *only* where the dorsal and cervical portions of the spine are sound and healthy. If any of the vertebræ which compose the upper curve are ankylosed, it is obvious that a straightening of this curve will not follow as a consequence of straightening the lower curve. It appears to me that much importance is attached, and means ought to be employed, to straighten the lower curve in the first place. Suspending people by the head has very little effect upon the lumbar portion of the spinal column. It acts almost entirely on the neck. Casey's apparatus, therefore, and many others contrived for this purpose, do, in my opinion, very little good, and where ankyloses have formed between the vertebræ, or the vertebræ are diseased, they will do positive harm. If suspension is to be employed as a remedy, it is all important to ascertain the precise condition of the spine, by minute examination, previous to its being made use of. In simple lateral curvatures, moderate extension can do no harm. Lateral curvatures are simple or complex. A simple lateral curvature is unaccompanied by disease of the vertebræ, ankylosis, or stoop. A stoop, added to a lateral curvature, renders it complex, because all lateral curvatures are not accompanied by a stoop—in fact, a great proportion are not. Old people, girls who are obliged to sit much at work, and young ladies who play a great deal on the pianoforte, are very apt to contract a stoop. Where a stoop accompanies a lateral curvature of the spine, the treatment requires to be somewhat varied. Simple curvatures of the spine may be almost invariably cured, if taken in season; but when neglected for years, the vertebræ acquire a wedge-like shape, i. e. they become thinner on the concave, and thicker on the convex side of the curve. This is the natural consequence of unequal pressure—the weight of the superincumbent body being almost entirely supported upon the edges of the concave side of the curvature. Where there are no ankyloses, or disease of the vertebræ, or intervertebral substance, the spine may be brought into a straight line, by extension; but the moment the extending power is removed, the spine sinks back into its former serpentine form. It is not in the power of art or machinery to restore the vertebræ to their original shape; unless this can be done, the spine cannot be kept in its natural erect position without mechanical

support ; and mechanical support (however long continued), will never enable the spine to support itself. It therefore follows, that a spinal curve of long standing cannot be cured ; and whoever pretends to make such cures, shows either ignorance or want of principle, and a desire to make money from the credulity of his patients. I am aware that patients may be amused and deceived, by a show and parade of complicated machinery, and that money may be made by pursuing this course ; but what honest man would do it ?

I have said above that spinal curvatures, particularly simple lateral curvatures, may be cured if attended to at an early period ; and I should recommend to parents to be particular in watching the forms of their children, from the age of 8 to 16, and more particularly the shape of their backs. Curvatures of the spine come on insidiously, and are frequently unnoticed until they produce a very considerable deformity. The *growing out* of one shoulder, the elevation of one hip, and the enlargement of one breast, are marks of curvature of the spine. These marks, parents would do well to keep in mind.

Posterior and anterior curvatures of the spine.—These deformities occur very much less frequently than lateral curvatures, and are occasioned very generally, I believe, by external injury, rickets, scrofula, some constitutional disease, or, in fact, any accidental circumstance that excites inflammation of the vertebræ or intervertebral substance.

Those remedies which have proved the most efficacious in the treatment of these complaints, particularly at their commencement, are leeches, blisters, irritating ointments, and internal remedies, such as may be indicated by the particular state of the constitution at the time. If during the treatment exercise is admissible, artificial supports will be found necessary, and will very much facilitate the cure, and have a great tendency to lessen the deformity.

The more I reflect upon the functions of the spinal column, the more important I consider its diseases. There is not an organ in the human body whose disorders produce greater disturbance or more complicated symptoms. Diseases, apparently remote, have their origin not unfrequently in the spinal cord, or the nerves that proceed from it. We are apt to make our applications to the part or organ which seems particularly affected, instead of to the spine, which is the actual seat of the difficulty. Formidable complaints, such as hemiplegia, paraplegia, &c., are immediately referred to the brain, or spinal nerve, for their cause ; but we seldom look to the spine as the origin of minor local diseases.

Dyspepsia, palpitations of the heart, flatulence, affections of the bowels and all the abdominal viscera, and of the upper and lower extremities, upon close examination, may be found to originate not unfrequently in some derangement of the spinal column. The anomalous complaints of young females, and sometimes of boys, may be traced very frequently to the spine ; either to some affection of the great spinal nerve, ganglia, or nervous filaments that proceed from them.

There is no affection more common, as the consequence of spinal irritation, than a pain in the back of the head, confined principally to the scalp ; and still we are not apt to look for its origin in the spinal

nerves. Even a slight curvature produces a derangement in the nervous influence. An inclination of the bony column to one side, although it may be so slight as hardly to be perceptible, has its influence upon the great spinal nerve, the ganglia, and the nervous filaments that proceed from them. The spinal column cannot be altered (I mean permanently) from an erect position, without danger of disturbing the functions of some remote organ or part, whose nerves are supplied therefrom.

I was called to a patient, not long since, a lad about 15 years old, who had a variety of complaints not readily accounted for. He had been attended by an eminent physician, a gentleman for whom I have the highest respect. His complaints were a painful affection of the eyes, palpitations of the heart, indigestion, a painful affection of the scalp, and a torpid state of the alimentary canal. I immediately examined the spine, and passed my fingers up and down its whole length. I found two portions of it tender, viz. about the middle of the dorsal, and the middle of the lumbar vertebræ. When I pressed on the transverse process of the middle lumbar vertebræ, he invariably complained of pain in the abdomen. These circumstances convinced me that all his complaints proceeded from spinal irritation, and I stated my conviction to the physician who had attended him. He could not be persuaded that all this chain of symptoms could proceed from this source. In the course of two or three weeks, three of the lumbar vertebræ began to project. They were evidently enlarged, probably from inflammation and swelling of the intervertebral substance. The attending physician was then convinced that all the complaints of this lad were caused by a disease of the spinal column and the nerves that proceeded from it, affecting remote parts and organs.

In connection with this subject, and to show how diseases in remote parts of the body may have their origin in, and be connected with, diseases of the spine and its nerves, I will relate a case which a medical friend stated to me came under his observation. The patient was a boy, who complained of extreme pain in the three small toes of his left foot. The pain was excruciating; still no disease in them was apparent. There was no swelling, no redness, no symptom of inflammation. The appearance of the toes was natural. Leeches, blisters, and poultices, were applied, but to no effect. The pain was so excruciating that the boy could get no sleep, for several nights in succession. Very large quantities of laudanum were given, but without producing sleep, which could not be obtained. Consultations were held, and it was agreed, upon all sides, that the case was a singular one and not easily to be accounted for. The attending physician, as he was sitting by his patient one day, passed his fingers, rather accidentally, down his back, until they came to the sacrum, when the boy immediately screeched out, "let my toes alone." He then passed his whole hand upon the sacrum, and the boy cried out again, "let my blister alone," meaning the blister on his foot. The fact is, that when the doctor pressed with his fingers, the sensation was more marked and definite; but when he pressed with his whole hand, the sensation was as if the whole blistered surface of his foot was rudely touched. Applications were immediately

made to the sacrum and lower part of the spine, and the boy was immediately relieved.

I have the honor to be, yours, very respectfully, JOHN B. BROWN.
Boston, May 8th, 1838. No. 65 Belknap Street.

CONCLUDING SUMMARY OF DR. HOOKER'S ESSAY ON THE RESPIRATORY AND CIRCULATING FUNCTIONS.

THE preceding essay, it is believed, establishes several important pathological principles, affording valuable diagnostic and therapeutic indications, which hitherto have been but slightly noticed, or wholly unknown. The indications of the pulse have received much attention; but the variations of the respiration have been little attended to, and the relations between the respiratory and circulating functions have been almost wholly neglected.

The *comparative frequency* of the respiration and the pulse in health, which from constant observation, during a period of several years, I have ascertained to be 1 to $4\frac{1}{2}$ (p. 236), has not been commonly observed; and most of the indications afforded by *variations of this ratio* (p. 237) have been altogether overlooked.

A disproportionate *increased* frequency of the respiration has been shown to afford the general indication (p. 242) that there is some impediment to the respiration; which may be owing to, A. *Disorder of the lungs or air passages* (p. 237), as pneumonitis, phthisis (p. 238), œdema of the lungs (p. 240), or (p. 241) any affection of the lungs which prevents a portion of them from being freely permeated with air, or any disorder of the bronchia or bronchial membrane which impedes the communication between the air and the blood within the lungs: or, B. *Some mechanical impediment* to the motions of respiration (p. 241): or, C. *Imperfect function of the organic nerves* of the lungs (p. 241).

A disproportionate *diminished* frequency of the respiration, which indicates a *want of energy in the nerves which control the respiratory motions* (p. 245), has been shown to be common in typhous fever, and in many other diseases.

The pathological effects of imperfect aeration of the blood, which had been treated of by Bichat and some subsequent writers (p. 245), but which they scarcely noticed except as immediate precursors and causes of death, I have observed to be manifest through the progress of typhous fever (p. 247), and many other diseases. What is commonly termed *congestion in the brain*, I have endeavored to show (p. 249), is simply a deterioration of the blood caused by this imperfect aeration, a prominent example of which occurs in the disease termed congestive typhus (p. 249). The effects of this imperfect aeration, depending upon disordered function of the different nerves concerned in respiration, have been traced in various diseases (p. 247 to p. 279).

The common occurrence, and the injurious effects, of this imperfect aeration of the blood suggest the important general *therapeutic indication* (p. 280) *to remedy deficient respiration*. The medicinal agents

are detailed (p. 280 to p. 282) which aggravate deficient respiration, by increasing the circulation, or by diminishing the respiratory function.

The use of remedies, with a view to *promote the arterialization of the blood* (p. 282), it is believed, has never been distinctly treated of by any author, as a prominent object of medication. Though my 1st class of these remedies—those which diminish the action of the heart and arteries (p. 282)—have been commonly known to possess this power over the circulation, still they have not been commonly employed with the view—a view which I consider as highly important in many cases—to obviate a disparity between the respiratory and circulating functions. The 2d and 3d classes of remedies (p. 293 and p. 295)—those which excite and invigorate the motor respiratory nerves, and the arterializing nerves of the lungs—have rarely, if ever, been recommended for those particular purposes; though I think it will be obvious to my readers, that many of the known valuable effects of these remedies are owing to such operations. The other three classes—4th. Ventilation (p. 300); 5th. Remedies which obviate mechanical impediments to the respiration (p. 301); and, 6th. Remedies which excite secretions vicarious of respiration (p. 301)—though their general effects on the respiratory function have been known, have not been commonly employed for the distinct purpose of obviating deficient aeration of the blood.

In short, the general subject of the pathological relations between the respiratory and circulating functions has received little, very little attention. The writer hopes that he has at least shown the subject to be deserving of investigation.

A BOTANICAL QUERY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—After all that has been written relative to the *cow-parsnip*, I am still at a loss to know what plant Dr. Partridge intends to describe in his communication in a late number of the Journal. It is certainly some plant not usually known in this vicinity by that name. Is it a species of *smyrnium*? or is it a plant known in some places as yellow snakeroot, the *thapsia trifoliata* described by Torrey? I am inclined to the opinion that it is the latter, and, if so, should be gratified to learn the fact; as I propose, at some future time, to furnish for the Journal a communication on the medical properties of this plant. If some of your correspondents in the vicinity of Stockbridge, who are versed in scientific botany, will favor us with a botanical description of the plant in question, or even assure us of its generic and specific names, they will subserve the cause of medical literature, and confer a favor on the writer of this note. As it is probably now in blossom, a favorable opportunity is presented for ascertaining correctly what is the plant referred to, and which Dr. Partridge has known to cure several severe cases of epilepsy.

Yours, &c.

Cambridgeport, June 8th, 1838.

S. A. T.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JUNE 20, 1838.

TREPHINING FOR EPILEPSY.

A FEW weeks since, we gave a hasty account of an operation performed on the Rev. Mr. Sewell, of Scituate, for the cure of epilepsy, which must certainly be regarded as a bold and successful effort of the surgeon, to save an excellent divine, who was fast approaching that "bourne from whence no traveller returns." Next week Dr. Hayward's own account, which embraces the whole history of the case, will be published in the Journal—the manuscript now being in the hands of the compositor. The interest excited in the community by a very general report of the manner in which Mr. Sewell was relieved, was probably instrumental in bringing another patient to the Massachusetts General Hospital for advice—a case no less remarkable in character, and which promises in the sequel to be equally important to the health and happiness of a valuable young man.

Mr. J. Tenny, 26 years of age, was dreadfully injured three years ago by the breechpin of a gun, which in being forced from the barrel by an explosion, fractured the skull over the right eye, midway of the forehead. The concussion must have been severe; yet, as the functions of the brain were not impaired, the scalp was not cut down upon to inspect the bone. After a while, however, two exfoliated pieces made their exit. Subsequently he became epileptic, and during the month of May, 1837, one year since, he had one hundred epileptic fits. He had never been one moment free from headache since the infliction of the injury. The present season the whole aspect of things began to change alarmingly—as a partial insanity marked the progress of a malady evidently approaching a fearful crisis. Dr. Hayward felt assured that the brain was compressed, and that all that was required to reinstate the mind, was simply to give more room to that portion of the organ immediately under the wounded bone. With this philosophical view, on Saturday, June 9th, he removed a circular piece of the os frontis, about an inch in diameter—a feat requiring extreme delicacy—and, as in the preceding case, every symptom which had so long been the bane of life, was almost instantly removed. We visited Mr. Tenny, the other day, to be satisfied that the stories related of his almost miraculous restoration were true. He certainly was very comfortable, considering the magnitude of the operation—wholly free from pain, conversed with freedom, and related the facts here stated, which we noted with a pencil at the bed-side. Surely the art chirological needs no stronger fosterings to be appreciated, than such a narrative as this.

Medical Society of Tennessee. On the eighth anniversary of this Society, in May, an address was delivered by L. P. Yandell, M.D., which reflects much credit on the author. Nothing short of a spirited discourse could be expected from that gentleman, who has been so long before the public in the character of a public teacher; and a puny effort could never

have received the approbation of an association like the one which he had the honor of addressing. Dr. Yandell's acknowledgment of his personal obligations to the Society, certainly speaks well, for it is obvious that some, if not a considerable part of his professional success in life, is referable to the influence of the Medical Society of Tennessee: at all events, this is implied in the very commencement of the discourse. Nothing gives us a better opinion of the strictly literary or scientific man, than a frank acknowledgment of a debt of gratitude.

Several pages of the pamphlet, which is certainly a very neat specimen of Western printing, are occupied in a detailed history of the progress of medicine from Greece, through all its phases in the weal and woe of nations, down to our own halcyon days—an epoch destined to be chronicled by the historian, as an age distinguished for unblushing quackery of every order and description. It is to be regretted that the doctor did not belabor medical impostors with the same ability with which other topics have been presented. In detailing the condition of medicine in Turkey, pretty liberal drafts have been made upon Dr. Oppenheim's interesting narrative, much of which has been widely circulated of late in periodicals.

We are gratified with the efforts of the physicians in Tennessee, so favorably noticed by the orator. There is a concentration of talent there, of which the people may be proud. With regard to the insane, Dr. Yandell in plain words tells the State what ought to be done.

"Tennessee remains without a retreat for its insane, but it is gratifying to perceive that this cannot be much longer said. Humanity, as well as State dignity, calls for the early completion of this charity. The want of it has been the cause of great and manifold suffering. In all parts of the State, unfortunate beings, too poor to gain admittance into the asylum of a neighboring State, are chained in dark rooms, and log cabins, and treated with kindness or cruelty, as their keepers or friends may chance to be intelligent and humane, or ignorant and unfeeling."

Being connected with the prosperous, though recently established Medical Institute at Louisville, a chair of which belongs to him, it is natural that he should make mention of it—and, finally, the essay closes with the following excellent, feeling, and, at the same time, encouraging remarks.

"The first generation of physicians in Tennessee has passed away; and we stand here their successors and representatives. They spent their days in the discharge of labors 'huge and hard'—labors which demanded great bodily strength, industry and courage—exposed to cold in their long, lonely rides—compelled to ford dangerous streams—pursuing their way along blind, uncertain paths—encountering hardships and privations to which these luxurious days afford no parallel. Amid such lives of toil, there could be but little leisure for study. Few books were reprinted in America, and few could be commanded. Those men had small advantages of professional intercourse. Schools of medicine were remote, and the expense of visiting them beyond the ability of most practitioners—and, above all, they were without the advantages of the periodical press. These difficulties have passed away with the generation of men who lived in the midst of them. And with all the augmented means and facilities which we enjoy—with Macadamised roads and the power of steam to hasten our travel—pursuing our professions in crowded, cultivated cities, or in thickly settled neighborhoods, and with increased leisure thus for study—brought into contact with all parts of the country, and light from the farthest east flying to the remotest west, with more

than the speed of the revolving seasons—the discoveries at Paris or Vienna transmitted to Philadelphia, and from Philadelphia to Louisville or St. Louis, as if by telegraphic agency—with these enlarged efficiencies, shall we be accounted to have discharged the whole amount of our duty to our professions, if we pursue them with no more than the ardor and success of our forefathers? Nay! with the multiplication of means, has come a heavier weight of responsibility. We are invoked by the laborious example of our predecessors—by the clamorous wants and imperfections of the healing art—by the complicated sufferings of our fellow men—by the efforts of the profession in other lands—by our pride of State, and pride of profession, to transmit the science of medicine to our successors enriched by our labors.”

Sickness in Havana.—Notwithstanding the frequent accounts which are circulated of late in regard to the *unusual sickness of Havana*, we are convinced, thus far, after a careful inquiry, that an unnecessary alarm has been created. Havana, at some seasons, is, no doubt, an unhealthy climate for those who have grown up in a northern latitude; but, as a general rule, since the administration of the late Gov. Tacon commenced, unwearied pains have been taken to keep the streets in a good and wholesome condition, and it is a fact that since that plan of out-door cleanliness was undertaken, Havana has been unrivalled for the salubrity of its port-climate.

Typhous Fever in London.—It seems that a fever, unusually severe in the city of London, has become rather alarming on account of the number of medical gentlemen who have fallen victims to it. This had led some of the principal citizens to an opinion that they are harboring an infectious disease of unusual malignancy. Typhous fevers, in England, are never so manageable in their cities, as in the cities of this country.

The Insane in Connecticut.—A committee of the Legislature of Connecticut, has recommended the erection of a State Lunatic Asylum sufficiently large to accommodate one hundred and twenty patients. It is ascertained that the average number who yearly become insane in that State, is sixty. There are at the present time, in 118 towns out of 135, the whole number, no less than 707 insane and idiotic, fifty-nine of whom are in close confinement.

Absorption of Bone.—Mr. Liston lately exhibited at the University College Hospital, London, the brain of a man who had become totally blind from amaurosis. The patient had been an intemperate liver, and much exposed to cold weather in his occupation of driving a waggon with fish to town during the night. He first became affected with a severe pain in the forehead, and lost the sight of one eye. Continuance in his old habits soon brought the other eye into the same state. He continued to suffer from violent pain and tension over the forehead, for which he was bled and blistered with advantage. He was subject to fits, and eventually perished from fever. On examining the brain, the cause of amaurosis was at once apparent; the anterior lobes of the cerebrum were coated over with lymph, which glued the dura mater to the

brain, enveloping and compressing the optic nerves. In this case, at one period of the treatment, five or six weeks before the patient's death, it was thought advisable to form a seton in the neck. Mr. Liston introduced a small piece of the tibia for the purpose. The bone being carefully weighed, both after and before the experiment, it was found not to have been acted on by the absorbents.

Boston Common, or Rural Walks.—Mr. Light, of Cornhill, has sent forth an unpretending little book with the above title, which is really an excellent production. Its object is nothing more than to remind the inhabitants of this ancient metropolis of the rural beauties of the Common, and invite them to enjoy it in a manner conducive to bodily health and intellectual comfort. It will not do to copy from its pages, as there is so little of the whole that the publisher might justly complain of an infringement upon the copy-right. Were the author's name known, the edition would be quickly exhausted. It contains the essence of that philosophy which promotes rational enjoyment and a length of days.

On the use of Chloride of Lime in Wounds attended with much pain, by Dr. Chopin.—In wounds produced by contusion, laceration, or by the explosion of gunpowder, where there is much pain, speedy and certain relief, says Dr. C., is produced by chloride of lime. That this relief is not the effect of cold or any other cause than the chloride in solution, the author is convinced by many experiments. Charpie, moistened with the same solution, has been also found a useful application in relieving the pains which sometimes follow delivery, which depend on small excrescences in the vagina. That such is frequently the case, Dr. C. is convinced from repeated examination. Excoriated breasts are most efficiently treated by the use of the same external application.—*British and Foreign Medical Review.*

Medical Miscellany.—Two French medical men, MM. Boissonneau and Rey, assert, that if the vaccine matter loses its power in glass tubes, it is because the glass itself is a matter susceptible of being altered by external causes, and that they have succeeded in manufacturing an inalterable glass by substituting metallic substances for the alkaline salts contained in common glass.—In cases of torticollis of old standing, M. Jules Guerin divides only the sternal portion of the cleido-mastoid muscle. His mode of operating is attended with perfect success.—M. Jobert has lately repeated his operation for vesico-vaginal fistula, with success, at the Hopital St. Louis. Of seven women operated upon, three were perfectly cured, three remained unrelieved, one died.—Dr. Thomas Stewardson was elected one of the physicians to the Pennsylvania Hospital, on Monday, 14th of May.—Professor Dunglison was elected one of the physicians to the Philadelphia (Alms-House) Hospital, on the 21st of May, in the room of Dr. Stewardson, who resigned the situation upon being appointed to the Pennsylvania Hospital.—M. Heurteloup, by request of the Emperor of Russia, is about to write a treatise on lithotripsy.—A common pin has lately been found, in England, in the yolk of a fresh hen's egg, having undergone little change, excepting of its lustre. The shell was perfect before opening.

DIED,—At Troy, New York, Dr. Gerret H. Van Wagenen, aged 29.

Whole number of deaths in Boston for the week ending June 16th, 23. Males, 19—Females, 9.

Consumption, 6—old age, 2—hives, 1—gastric fever, 1—drowned, 1—poison, 1—scarlet fever, 1—accidental, 1—marasmus, 1—infantile, 2—convulsions, 1—typhous fever, 1—inflammation of the bowels, 1—dropsy on the brain, 1—debility, 1—lung fever, 2.

RARE CHANCE FOR AN APOTHECARY.

To let, in the vicinity of Boston, on most inducing terms, a genteel and convenient dwelling house, together with a shop connected with the same, for many years lucratively employed in the retail drug business. Also for sale, the present stock and fixtures of the store, on terms uncommonly advantageous. The house being most desirably located for a residence, and the store being centrally situated in a flourishing neighborhood, and commanding an extensive and productive run of retail custom, offer to any retail druggist, who wishes for a neat and convenient dwelling and store connected, inducements seldom, if ever, met with. For a physician who would like to unite the shop with his practice, the stand is a desirable one indeed. The shop can be let separate from the house if desired. As the present owner is under the necessity of leaving this part of the country, on account of ill health of his family, it may be had at a bargain if applied for immediately. For terms, apply to

WM. C. STIMPSON & CO., Boston.

J13—tf

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On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	- - -	DR. WARE.
On the Principles and Practice of Surgery,	- - -	DR. OTIS.
On Anatomy,	- - -	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

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Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Oct. 18—tf

WALTER CHANNING,
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MEDICAL INSTRUCTION.

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Instruction will be given by clinical and other lectures, and by examinations at least twice a week. Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or of the subscribers.

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A. A. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

Franklin Street, Nov. 9, 1836.

July 19—6m

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 134 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVIII.]

WEDNESDAY, JUNE 27, 1838.

[NO. 21.]

TREPHINING FOR EPILEPSY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In noticing an operation of trephining which I performed at the Massachusetts General Hospital some weeks since, you expressed your intention of publishing, at a future period, a complete history of the case. I should have furnished you with the materials for this much earlier, had I not wished, before doing it, to see if the benefit from the operation was likely to be permanent.

Believing, as I now do, that there can hardly be a doubt upon the subject, I send you the minutes of the case, taken from the hospital records, made at the time, daily, by the house surgeon. One or two prefatory remarks will, perhaps, render these more clear. From the record it will be seen that the patient had been afflicted with epilepsy almost twelve years; that the fits came on immediately after the healing of an ulcer on the head, from which a piece of bone had been discharged; that in the commencement the fits were of very frequent occurrence, several taking place in the course of a week; that the intervals between them became longer, as his general health improved, but that recently they had recurred oftener, there being only sixty days between the two last, though he felt tolerably well in other respects.

It should also be noticed that he had a constant sense of pressure on the head, and that slight causes would produce violent spasmodic affections. The operation has, thus far, not only prevented the return of the epilepsy, though it is more than a month beyond the time that he had a right to expect a paroxysm, but has removed entirely the painful sensation of pressure in the head, and the strong tendency to spasmodic action. He now performs his parochial duties without inconvenience.

The patient recovered rapidly from the operation, and walked out in the street twelve days after its performance. He would have been able, no doubt, to have done this much sooner, had he not been attacked with erysipelas. The occurrence of this disease cannot, I think, be attributed to the atmosphere of the hospital, for there was no other case in the house at the time, nor had there been one for some time before; and the patient was in a private room, with an open fire place, and one well ventilated in other respects. The disease, too, was of a mild character, such as frequently comes on after operations about the

head in private practice, and showed no tendency to assume the malignant form which often renders it the scourge of hospitals.

I remain, very truly, yours, GEORGE HAYWARD.

Hospital Record.

March 17th, 1838. Rev. E. Q. S., æt 41. Married; clergyman, Scituate. Thirteen years ago had a scrofulous abscess below the left angle of the jaw, which healed in seven or eight months, and was followed by a small one in angle between left temple and forehead, which also closed. Soon after, an abscess formed about two inches to the left of the sagittal suture, and just behind the coronal suture; very painful during its formation, which was rather slow; this received no treatment; finally burst, and after remaining open for some time without any tendency to heal, was probed, and the bone found to be carious; after a while a piece of bone came away, of the size of the top of a common thimble, and perforated with small holes, and in about a year from its commencement the ulcer healed. The caries, as far as the patient recollects the statement of his physician, involved both tables of the bone. This abscess was accompanied by several indolent swellings in the neighborhood, and a swelling upon the sternum, and swelling and great pain in the right arm, with slight redness and much tenderness—these going off under the use of blisters, leeches, &c. At the same time also had “neuralgia” of the left side of the face, with much pain in the left eye and some loss of vision, and luminous flashes and spectra occasionally. These complaints were accompanied by general failure of health, diarrhœa, night-sweats, watchfulness at night, loss of appetite, and great prostration; so that at the cicatrization of the ulcer, he was left in a very feeble condition. Immediately after, fits of an epileptic character occurred every night, or every second night, head being usually drawn back and tossed from side to side; violent spasms of all the limbs and of the lower jaw; loss of consciousness for a few minutes at the commencement of the fit; frequent frothing at the mouth; gritting of the teeth, lividity of countenance, and vocal noise. Spasms continuing at intervals for one or two hours, leaving patient with violent pain in the head, especially about the cicatrix. Since commencement of disease of the head, has never been free from a dull, heavy, distressing feeling in head, as if from pressure of a “leaden cap,” and this always referred to the cicatrix as its centre. Besides the complete fits, has very often had partial fits, in which there were universal spasms, with a confused, bewildered feeling, without loss of consciousness. These fits and spasms have been frequently induced by mental excitement, sudden jars, and unexpected and loud sound; and much mental exertion at any time would bring on severe pain and distress about cicatrix. During whole time has frequently been much annoyed by an excessive secretion of very pale urine, sometimes to the amount of two or three quarts in twenty-four hours, requiring him to pass it very frequently; and this has occurred both immediately after a fit and during the interval. Patient gave up his mental pursuits for two years after healing of ulcer on head; his fits growing less frequent as his health improved, till they

occurred only once in four months ; till the last year, when their frequency has increased, the last two intervals having been only two months each. Last fit occurred March 4th.

For the last ten years, health has been quite good, excepting after fits, from which he recovered but slowly, and excepting also the constant sense of pressure in the head. When trouble in head has been most severe, has often had nausea. For a year previous to abscesses, had devoted himself very assiduously to study and writing, especially in the preceding summer, which was excessively hot, and during which he was often exposed to great heat and fatigue in the discharge of his duties. Fits apparently not excited by bodily exercise, of which he has used much for several years past.

18th. Pulse 72, regular ; appetite pretty good ; bowels regular ; sleep disturbed and broken. Complains of much pain and distressed, heavy feeling in head, principally about cicatrix. On examination, two inches to the left of the sagittal suture, and just behind the coronal, there was found a pit, barely admitting the end of the little finger, the integuments being drawn in and adhering to the bottom, which being probed feels firm and resisting. Some depressions felt in bone, round edges of the pit, probably from exfoliation of the outer table. Some tenderness about pit on pressure. Very slight pulsation thought to be observed in it at times, but this not satisfactorily determined. Diet—milk and vegetable food. 3 iv. of blood to be taken by cupping near pit.

19th. About 3 iss. of blood only was obtained. Returned from church yesterday with violent pain in the head and nausea ; laid down and slept with relief—sleep broken as usual. Now pulse 66 ; appetite good ; bowels open. Complains of much pain in the head, and throbbing in cicatrix. 3 vi. of blood to be taken by cupping near cicatrix.

20th. 3 vi. of blood were taken with instantaneous relief of pain and heaviness, head feeling much lighter than it had at any time during last 13 years. Sense of heaviness, however, returned soon, though in a less degree than before cupping. Slept quite soundly through the night. Sense of heaviness less now than usual. Otherwise the same.

21st. Slept better than usual, but awoke about 4, A. M., with general spasmodic action of limbs, head, &c.

23d. Last night awoke, about midnight, from sound sleep, by general and violent convulsions, with some confusion of mind, but not actual loss of consciousness. Pain in head increased ; otherwise the same. Strength good. A consultation was held this day, and it was unanimously agreed to recommend an operation ; but to state at the same time to the patient the uncertainty and danger. 3 ij. of the solution of salts were directed to be taken early in the morning.

24th. Constant pressure and heaviness in head as usual. Awoke frequently in the night with indescribable distressed feelings in legs, which he has been subject to—but had no spasms. Now complains of much pain about cicatrix, with throbbing, more than usual. Mouth and throat dry and parched. Pulse 108. Appetite small. Mind calm and composed. Two dejections.

Operation by Dr. Hayward, at 12, M.—Patient being laid upon the

table, scalp having previously been shaved, three straight incisions were made, behind, before, and inside of cicatrix, thus forming three sides of a square, and the flap dissected up and turned back; in doing which the adhesion of the scalp to the bottom of the pit was cut through, and the flap perforated. The periosteum having been removed, a large trephine was then applied so as to include the pit in the bone, and the bone slowly and carefully sawed through. The piece of bone was easily detached from the dura mater, except at about its centre, where there was an adhesion of the membrane to a short, delicate, bony projection, which was broken off in the examination after the bone was removed. This adhesion was separated, without much difficulty, with the end of a probe, and the bone removed with instantaneous and complete relief of the sense of pressure, the patient declaring, while on the table, that he had not felt so well for thirteen years. Dura mater appeared perfectly healthy.

Wound having been cleared of coagula, &c., the flap was brought over and secured by adhesive straps, simple pledget over this, and a loose bandage. The patient was then conveyed to bed, having borne the operation with the utmost calmness and fortitude. Bone removed, one inch in diameter, and of very irregular thickness.

Patient to be kept perfectly quiet. Head to be kept raised. Room to be darkened. To take for nourishment, gruel and arrow-root; and for drink, lemonade, barley water, &c.

It is, perhaps, unnecessary to give any more of the hospital record; it may, however, be proper to observe that he continued comfortable till the afternoon of the day after the operation. He then became restless, with universal distress, heaviness and diarrhœa, and on the evening of the following day, erysipelatous inflammation showed itself in the forehead. This gradually extended over the face, and down the neck; but did not attack the wound, which went on well and healed kindly.

Notwithstanding the erysipelas, the convalescence was rapid, and during it there was not a return of one of the symptoms, for the relief of which the patient submitted to the operation. As I before observed, he walked out in twelve days after it, and on the 9th of April he was discharged from the hospital, well.

P. S. Since the foregoing was written, I have received a letter from the gentleman who was the subject of this operation, dated June 12th. In this he says, "In regard to my present health, it gives me great satisfaction to be able to state, generally, that I am, with a slight exception, very well. The peculiar sense of relief which I expressed in the moment when the operation was over, has become a part of my common consciousness. I am aware of nothing which affords reason for doubting the ultimate entire success of your efforts for my restoration to sound health."

The slight exception to which he refers, is the occasional occurrence of pains in the head, which he says are "dull and heavy, rather than acute, and never of long continuance, occurring upon any protracted effort of attention, as in listening to conversation or a discourse. I have the same with more severity upon any attempt at study. These pains

are in the anterior part of the head, in the region of the old difficulty. They are distinguishable by myself from the peculiar leaden pressure which that difficulty made a uniform habit, and do not come so frequently or stay so long as to impair the sense of relief in that quarter, to which I alluded in the opening of this letter. Nothing like spasms, nothing approaching to them, has ever returned upon me. I have preached four entire Sundays, with great comfort, and no one symptom of evil consequence. It has happened that my rest afterwards has been more tranquil than on some other nights."

June 15th, 1838.

PSEUDO LABOR.

[Communicated for the Boston Medical and Surgical Journal.]

THE phenomena of labor are various and interesting, and all alike deserving the attention and study of the medical practitioner. No apology will, therefore, be offered for giving publicity to the following case of pseudo labor, or an attempt of nature to expel the fœtus, and which was, after a singular manner, relinquished.

February 2, I was called to Mrs. A—— L——, represented to be in labor. She was a healthy young woman, about 25 years of age—had never borne a child. When I arrived at the house, about 9 in the evening, pains had been present several hours, and were then occurring at intervals of 5 or 10 minutes. I soon requested an examination, and found the os uteri nearly in its natural state, and the soft parts but little dilated. The pains continued with increasing severity and with the same frequency. One or two other examinations were made during the night. The labor seemed to advance, though very slowly. The os uteri was disposed to dilate, but very gradually. The external parts were becoming soft and flaccid. Although this state of things did not indicate a very speedy termination, still there was every reason to believe that true labor had commenced.

Feb. 3. At 8, this morning, found, somewhat to my surprise, that very little progress had been made. The os uteri had, however, perceptibly dilated, so that it was now of the size of half a dollar. The woman, at this period, seemed considerably exhausted, from the severe and protracted effort. The pains continued through the day as severe, though not with the same frequency. At evening, on finding the labor no nearer to a close, and the strength much exhausted, prescribed tinct. opii gtt. lx. in order to procure perfect quiet for a season, with a hope that nature might complete the work, refreshed by the interval of rest. When the influence of the opiate had passed off, the pains were renewed with the same frequency and severity as before. The soft parts became almost or quite as much dilated as is usual at delivery, and perfectly lubricated; in short, every thing seemed prepared for the birth of the child, excepting (what, to be sure, is of no small importance) the unyielding state of the os uteri, which remained "in statu quo," was quite rigid, and would dilate no farther. Thus there was an entire want

of correspondence and sympathy between the different parts concerned in labor. I left my patient in the evening, thinking that the labor would advance, and that I should be called during the night. I was not sent for, as I anticipated, and on visiting her the next morning found her sitting up and appearing quite cheerful. The pains had nearly ceased, and in a few hours they left her entirely, and every symptom of labor had vanished, so that before night she resumed the superintendence of her domestic affairs, as usual.

This could hardly be called an attempt at abortion or miscarriage, for the natural period of gestation was completed within a week, according to the woman's calculation, and she was very positive on the subject.

In ten or twelve days from this time labor again commenced, and proceeded as before; the os uteri, however, now dilating and yielding perfectly, so that the child was born in a few hours without any untoward or unusual circumstance.

Cases of abortion and premature labor are of frequent occurrence, but I have never seen a case related, neither has one occurred in my own practice, where labor had apparently so far advanced, and where the state of things usually attendant on parturition was so nearly perfect, and yet, by a gradual retrograde movement, the parts concerned in labor were restored to the same condition which had existed for months previous.

This woman had made no unusual exertion; in fact, nothing had occurred which might have caused the uterus to take on the parturient action at this time. It was regarded as the natural and proper commencement of labor.

J. J. D'W.

Newport, R. I., May, 1838.

FUNGUS HÆMATODES.

BY L. HOWE, M.D., JAFFREY, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. JEWETT, of Rindge, aged 73, widow of the late Dr. Stephen Jewett, some time in June, 1837, called on me to have a wen extracted. The tumor was situated on the superior part of the right parietal bone, and was nearly of the size of a hen's egg. It was less moveable than encysted tumors usually are, but possessed their characteristic elasticity; no pulsation was perceptible either to the touch or eye. It was about eight weeks since it was discovered, and during the last three, its growth had been rapid. She experienced no pain in the tumor or head, and her health was good for one of her age. She expressed a desire to have it removed, on account of its rapid growth; and although it presented a suspicious character, I saw no sufficient reason for declining the operation.

A crucial incision was made through the scalp over the tumor, and while separating the flesh from it, a slight pressure of my finger burst its envelope, when black blood gushed out in a full current. I immediately introduced my finger, and discovered that the tumor, external to the cra-

nium, had escaped, and through an opening in it I felt the pulsation of the brain. Dr. I. Fox, who was present, on examination, made a similar discovery. The hemorrhage was suppressed by sponge wet in cold water, and the wound dressed with compress and bandage. The next day the patient rode to her home, the distance of four miles. On the fourth day, the dressings being removed, the wound was found nearly united, and the tumor reduced to about one half its size before the operation; was now compressible, and exhibited the pulsations of the brain. Adhesive straps, compress and bandage, were now applied so as to afford a little pressure. From this time there was a small discharge from the apex of the incisions where cicatrix did not form, for some weeks, and during this time the growth of the tumor was slow—nearly stationary. About the time the wound was entirely healed, and this tumor more rapidly protruding, another was discovered low on the occipital bone. This yielded readily on pressure; the pulsations of the brain distinctly felt and seen, and an opening, nearly the circumference of the tumor, perceptible through the skull. It gave no uneasiness to the patient, and was accidentally discovered by her friends. The growth of this, in its diameter, was more rapid than that of the first one. In November, the prominent part of the first tumor had ulcerated and fungus began to be protruded. From this time there was occasionally an exhausting hemorrhage, and her health declined. She was frequently afflicted with nausea—emaciated, and became hectic. Prominent portions of the fungus sloughed off, but this did not diminish the tumor. Mrs. J. retained her mental faculties till forty-eight hours before her death, on the 30th of March.

Post-mortem Examination.—Fungus on the parietal bone eight inches in circumference, and its projection four and a half. This we had to separate before raising the skull. It had a medullary appearance, but its texture was more spongy, especially about its centre, where was a large sinus. The other tumor was soft, and could easily be compressed within the cranium. During the operation of sawing and raising the skull, it was ruptured, and the principal part of its contents, being black blood, was discharged, leaving a small quantity of fungus adhering to the dura mater and tentorium. The dura mater was so firmly adherent to the left parietal bone as not to be separated on raising the skull. The superior orifice was about the size of a dollar, and the inferior somewhat larger. The fungus was easily separated from the dura mater, leaving a smooth surface. On the internal surface of this membrane, no traces of disease could be discovered. The ventricles contained about three ounces of water.

Perhaps it would not be unimportant to notice that the cranium was of unusual thickness—the frontal bone being, on an average, one half an inch. The development of the anterior lobes of the brain was small in proportion to the posterior.

Mrs. J. possessed a phlegmatic temperament; a strong and discriminating mind; was highly esteemed, not only by her friends and neighbors, but by the many invalids who sought her advice after the death of her husband.

I do not possess much acquaintance with phrenological science, but I suspect its advocates would not adduce this case as affording evidence of the infallibility of their theory.

June, 1838.

VAGINAL TUMOR.

[Communicated for the Boston Medical and Surgical Journal.]

I SEND you the following case in my practice in an adjoining county, and if you think it worthy a place in the Journal, it is at your disposal. The case is hastily drawn up.

In the month of November, 1835, I was called to see Mrs. Y., of an adjoining county in this State, who had for some time been afflicted with an acute pain in the uterine region. She informed me, that for several months she had occasionally suffered much from a "burning pain in the passage," and more particularly during the menstrual period, and occasionally attended with a disagreeable itching of the sphincter ani and labium pudendi; at other times a "bearing down," or sense of weight in the vagina. These symptoms she attributed to cold. On examination I found the uterus somewhat turgid, with a tumor about the size of a pigeon's egg, situated on the left side of the neck of the uterus. The tumor could be easily moved with the finger, and appeared to be contained in a sac connected with the uterus only by cellular membrane, or a very trifling membranous substance. No fluctuation was felt in the tumor, and no pain experienced when pressure was made on it. My opinion at that time was, that the uterus was impregnated, and that the pain was entirely the effect of the tumor. I informed the patient and her husband of the result of my examination. They appeared not altogether satisfied with my view of the case, and consulted a Dr. P., of an adjoining county, who gave, as his opinion, that no tumor existed, and that she was pregnant; that the pain entirely originated in irritation occasioned by excessive venery, or some other cause producing the same effect. Dr. P.'s opinion quieted the patient's fears, and I heard no more of the case until the 29th of June, 1836, when I was called to render assistance to the patient, who was in labor, and had been under the treatment of an ignorant old "granny," and also two of Dr. Thomson's practitioners in steam and red pepper, for twenty-six hours. The old woman in attendance could give me no description of the progress of the labor, or the cause of the perplexity. One of the *learned* disciples of Thomson informed me that "the mouth of the womb had *grewed a one side*," and that the woman never could be delivered but by the "*Sesaring*" operation, as he learnedly called it. On examination I found the vagina obstructed by a tumor of the size of a goose's egg. Having more particularly examined the part, I discovered that the tumor was divided into two parts by a membranous substance, the most depending part being the largest. The situation of the tumor was such as to give the os uteri an oblique direction, thereby impeding and rendering inefficient the operations of nature. Having procured a scalpel

and scissors, I divided the larger tumor from its connection with the uterus and small tumor, in which operation a portion of the cervix and os uteri was separated. The hemorrhage from the wound was trifling, and the woman was delivered without further trouble. The lochia healthy and natural. In three weeks the woman perfectly recovered, having, in the course of that time, been troubled with a sanious and very offensive discharge, but not in any great quantity, or more than might reasonably have been expected under the circumstances of the case.

I saw the patient in February last. She had continued well; the remaining portion of the tumor was no inconvenience to her. She was not pregnant, and the deficiency produced by the removal of a portion of the uterus with the tumor, could be distinctly felt with the finger.

Very respectfully, your obedient servant, EBEN. C. SUGG, M.D.
Spring Creek, Vego Co., Indiana, May 29, 1838.

CASE OF ANOMALOUS TUMOR OF THE EYE-BALL.

BY EDWARD J. DAVENPORT, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

TUMORS having a purple color and containing a fluid, sometimes occur on the anterior part of the eye-ball as the result of deep-seated and long-continued inflammation, and are described by writers on ophthalmology under the head of staphyloma scleroticæ. They might more properly be termed staphylomatous tumors of the choroid coat, being caused by the pressure of that tunic (distended with the contents of the eye, changed to a watery fluid) on the sclerotic. As happens in other parts under similar circumstances, absorption takes place from the constant pressure, and the latter membrane becomes attenuated and semi-transparent in spots generally near the margin of the cornea, and allows the internal coats to be seen through it. Hence, probably, arises the purplish or livid color common to these tumors. The same appearance has been noticed in cases in which the whole eyeball becomes enlarged or dropsical, and the sclerotic coat much distended, subsequent to an attack of internal ophthalmia. The following case, it will be perceived, differs widely from the above, but corresponds more nearly to the description of *watery cysts* of the sclerotica, a single instance of which may be found recorded at page 573 of the Treatise on the Eye, by W. Lawrence. The case alluded to was cured by puncturing the cyst and then cutting away its prominent portion with curved scissors. The interior was smooth, and a small round aperture was seen in the middle of the basis, apparently passing through the sclerotica.

Henry Ramsdell, mechanic, æt. 21, applied at the Boston Eye Infirmary, early in May, with a small tumor on the front of the eye-ball, which he first noticed about two years since. It presented the appearance of a semi-transparent vesicle, about the size of half a pea, and was evidently covered by the ocular conjunctiva, apparently thickened and elevated for some distance around its base. It was situated on the sclerotic, at the junction of that coat with the inferior margin of the

cornea, involving and encroaching on the latter, and tending to increase in that direction. Upon pressure it had a firm, elastic feel, but was not otherwise moveable. The eye was free from any vascularity or sense of uneasiness, except occasionally after exposure to cold wind. The transparent media of the eye were normal, and vision was unimpaired. The patient could assign no cause for its production. At the first visit he declined adopting any active treatment for its removal. *Friday, May 11th*, I found that an acute inflammation of the conjunctiva and sclerotica had occurred, which was attributed by the patient to exposure to the night air during the prevalence of cold and damp weather. The inflammation was most intense in the neighborhood of the tumor, but extended, in a greater or less degree, over the whole front of the eye. The tumor, considerably increased in bulk, had assumed a yellowish color. The pupil, no longer circular, had now a pear-shaped form, the point being drawn downwards and outwards towards the site of the tumor. The power of vision in this eye was much impaired, though little or no haziness of the cornea could be detected. The patient complained of severe pain affecting the brow and temple, and of intolerance of light and lachrymation. By the advice of Dr. Hayward, who saw the case with me, active measures were at once employed to subdue the inflammation, making the question of excision of the tumor a subject of after consideration, to be decided according to future circumstances.

A free cupping from the temple, with smart purging, materially diminished the vascularity of the eye, and aided by a pill of calomel and opium at bed-time, entirely removed the pain. The following day it was evident that suppuration had taken place within the cyst or tumor. Dimness of vision with some intolerance of light remaining, the patient was again cupped and with decided benefit.

Sunday, spontaneous evacuation of the contents of the cyst took place, leaving the elastic coats nearly as prominent as before. At the bottom of the cyst, there was an appearance as if the sclerotic tunic was perforated at that part, and a permanent fissure or division of the radiated fibres of the iris was noticed near this spot. The patient was directed to apply frequent fomentations of rose-leaf tea to the eye, and remain in a room moderately darkened.

Monday. The tumor is gradually disappearing, under the influence, probably, of the process of absorption; the pupil has nearly or quite regained its natural shape, and vision is now as perfect as ever. The fissure in the iris, however, remains as before.

Friday. Scarcely a vestige of the tumor remains, and the eye appears to have recovered a sound condition in all respects..

The patient, seen this day, reports that the eye has continued to be perfectly well.

No. 4 Winter Street, June 12th, 1838.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 27, 1838.

MEDICAL PHILOSOPHY.*

WISDOM makes no boisterous display. Dr. Ticknor speaks to this insufferably bequacked nation in a still, small voice, but with a degree of intellectual power which cannot be resisted. Without any attempt to surprise, he has most effectually devised a plan of teaching an important kind of common sense, and from the publication of a little volume, bearing the modest title of "A POPULAR TREATISE ON MEDICAL PHILOSOPHY," we hope for the commencement of a revolution that will open the eyes of a multitude which no man can number, and eventually contribute to the final overthrow, in these United States, of the vilest system of imposition that ever disgraced the age of civilization. When the people are once made acquainted with the fact, that the majority of the entire population of this country are suffering under a disease of the brain, aptly called *pill-mania*, manufacturers of patent boluses must necessarily fall into disrepute. The quacks are taking advantage of the discovery that this is a nostrum-taking epoch—they are fully aware, too, that unless the trade is driven with vigor, the chance of profiting by the sale will soon have a finale. Half the apothecary shops in christendom are disgraced by conniving at this nefarious, homicidal business of cheating men, women and children out of their birth-right—health; and the grave yards are filled with the victims of unprincipled adventurers in medicine. We have no language strong enough to express the horror and detestation in which the whole circle of empiricism should be held. Our author shows how well he is qualified to combat the evil, yet avoiding the offenders, and appealing directly to the understanding of all such as have one single grain of sagacity in their composition. Without a qualification, the book is admirable—unexceptionably good—according to our individual notions of right and wrong in the practice of medicine.

Mr. Ticknor, at the corner of School and Washington streets, will supply the profession in Boston.

CARROLL WHITE SULPHUR SPRINGS.

AN act of incorporation having been obtained from the General Assembly of Maryland, Prof. Fisher and Mr. Andrews have made a critical analysis of the water of these springs, which must be of considerable importance to invalids. By their report, it is at once made easy to decide whether a person, under certain conditions of health, would derive advantage, or not, from the use of those celebrated fountains. There are four springs called the *white sulphur*, located in Allegany County, in the State of Maryland, now the property of a company, who have lately published their charter, with a scientific report on the waters, &c. Each spring flows through a fissure in a slate rock.

* A Popular Treatise on Medical Philosophy, or an exposition of quackery and imposture in medicine. By Caleb Ticknor, M.D. New York: published by Gould & Newman, 1838. Duodecimo, pp. 273.

“ ‘The Carroll White Sulphur Springs’ are situated on the estate of William Carroll, Esq., of Allegany county, Maryland, about equidistant from the great western turnpike and the Potomac river, within nine or ten miles of Flintstone, and eighteen or twenty miles above Hancock. This locality the undersigned consider a very advantageous one, should they hereafter become places of resort ; the valley in which they rise being almost a perfect level, and easy of access to either of the three great avenues of communication to the West, the Chesapeake and Ohio canal, Baltimore and Ohio rail road, and the present turnpike road to Cumberland. This valley is found at the foot of the western slope of Green Ridge, a subordinate mountain chain immediately west of Town hill. It is drained by the tributaries of ‘Fifteen mile creek,’ and the creek itself flows for a considerable distance through it, until it reaches a gap near the Springs, through which it passes, in its course towards the Potomac.

“The distance from Baltimore to the Springs is about one hundred and nineteen miles ; one hundred and fifteen or sixteen of which are on the present main route to Cumberland, and the remainder of the distance along the valley of ‘Fifteen mile creek,’ to the gap already mentioned, when, instead of pursuing the creek, the road turns towards the west, and ascends the valley of ‘Rock Lick run,’ a considerable stream, one of whose sources is the branch so frequently mentioned as containing within its bed the rocks from which two of the springs flow. Through this whole distance after leaving the turnpike, a most beautiful and romantic ride may be accomplished, the rise of the valley being so gentle as to present to the eye the appearance of a level plain.”

On page 16 the commissioners give a scientific declaration in relation to the actual medicinal qualities of the waters.

“Chemically these waters are regarded as holding in combination sulphuretted hydrogen gas, beside several saline compounds, which contribute by their action to the effect of the gas. In this respect they resemble many other springs, both of this country and Europe ; but their resemblance to the great White Sulphur Spring, of Greenbrier county, Virginia, is perhaps more close than to any other springs of great resort. A few words will explain the cause of the formation of the white deposit to which these springs owe their peculiar name of White Sulphur. The sulphuretted hydrogen gas, upon the access of the water to the air, has a great tendency to escape from its combination, and itself to undergo decomposition ; from this results the separation of the sulphur from the water, and its consequent deposition upon the bed of the stream, along with some salts which are no longer soluble in consequence of the escape of the gases by which they were held in combination, and hence we have the white deposit consisting of sulphur, sulphate, and carbonate of lime.”

“The analysis of the ‘White Sulphur,’ by Prof. Rogers, has never been communicated to the public, under the sanction of his name, and we are, therefore, unable to institute an exact comparison between it and the Carroll Springs. The only source from which a knowledge of its composition has reached us, is the popular and widely circulated volume of letters from the Virginia Springs by P. Prolix, whence we learn that ‘it contains sulphuretted hydrogen, nitrogen, and oxygen (gases), sulphate, carbonate and muriate of lime, sulphate of magnesia.’”

“As regards temperature, the undersigned conceive that the ‘Carroll White Sulphur Springs’ have decided advantages, their temperature being so low, that beside furnishing a cool and refreshing draught, they

are enabled to retain their gaseous contents much longer in state of combination. We found their temperature to be from 47 to 48 degrees Far., a most agreeable temperature for a summer drink, being several degrees cooler than the ordinary springs of this neighborhood, which range from 53 to 55 degrees F."

"*Gaseous contents.*—Sulphuretted hydrogen, carbonic acid. *Solid contents.*—Sulphate of magnesia, muriate of soda, sulphate of lime, muriate of lime, carbonate of lime.

"The temperature of the small spring of common water adjacent to Sulphur Spring, number two, we found to be 48 degrees F.

"We pass now to the consideration of the action of these waters upon the animal economy. We have already been compelled somewhat to anticipate this branch of the subject, and shall, therefore, very briefly state a few additional observations respecting it.

"Practically we had no opportunity of judging of their effects, except that they produced upon one of the party that accompanied us, a very prompt and decided diuretic action. Tradition, in the neighborhood, attributes great virtue to them, and from the analogy of their composition to that of other waters, known by experience to possess decided beneficial action, we cannot but anticipate the relief or actual cure of many obstinate chronic diseases, if their use be persisted in systematically for a proper period of time, under judicious advice, and with due regard to regimen.

"Time alone can determine whether our anticipations in this respect will be realized, but we feel no hesitation in hazarding the assertion, that time will corroborate the opinion that these waters possess all the medicinal properties usually met with in White Sulphur Springs. We anticipate from them alterative, aperient, diuretic, and diaphoretic effects; and as all the adjuvants of healthy climate, pure mountain air, beautiful and romantic scenery, with healthy exercise and recreation, may be obtained at these springs, we can see no reason why these anticipations may not be realized; why the dyspeptic may not recover the tone and appetite, of which improper or imprudent excess may have deprived him; why the sallow complexioned son of the south may not lose the yellow hue which tinges his blood, giving evidence of diseased hepatic function; and why the sufferer from calculous and nephritic disease may not be relieved from the painful and distressing symptoms to which his frame is a martyr."

The fact being familiar that great numbers from New England annually visit these Springs, has induced us to extract more liberally than under other circumstances we should have felt warranted in doing, from a conviction that the true properties of the waters, after all, are but imperfectly understood by the multitude who go from the north to be healed at the white sulphur fountains.

"*Vegetable Diet.*"—Notice is hereby given to the individuals whose names are placed below, that they are each of them entitled to a copy of a new work by the subscriber, entitled "*Vegetable Diet, as sanctioned by Medical Men and by Experience, in all Ages;*" but as I know not how, in most instances, to forward it, free of expense and trouble to themselves, I have thought it the shortest, as well as most satisfactory course, to ask them to call on Messrs. Marsh, Capen & Lyon, of this

city, or send to them a written order by some friend, in either of which cases a copy will be furnished, with the owner's name written therein.

Boston, June 18, 1838.

WM. A. ALCOTT.

Names and residence of persons entitled to the work.—Milo L. North, M.D., Hartford, Conn.; Wm. H. Webster, M.D., Batavia, N. Y.; D. S. Wright, M.D., Whitehall, N. Y.; Caleb Bannister, M.D., Phelps, N. Y.; Lyman Terry, M.D., Franklin, Vt.; Lester Keep, M.D., Fair Haven, Conn.; Wm. Vincent, Esq., Stonington, Conn.; Dr. Eleazer Parmly, Dentist, New York city; J. M. B. Harden, M.D., Liberty Co., Georgia; H. N. Preston, M.D., Plymouth, Mass.; L. W. Sherman, M.D., Falmouth, Mass.; Joshua Porter, M.D., North Brookfield, Mass.; N. J. Knight, M.D., Truro, Mass.; Geo. H. Perry, M.D., Hopkinton, R. I. (for L. R. Bradley); Henry H. Brown, M.D., West Randolph, Vt.; John M. Andrew, M.D., Remson, Oneida Co., N. Y.; Josiah Bennet, Esq., Mount Joy, Penn.; Joseph Ricketson, Esq., Joseph Congdon, Esq., Geo. W. Baker, Esq., John Howland, Jr., Esq., New Bedford, Mass.

Hopkins Medical Association.—At the annual meeting of the Hopkins Medical Association, held at Mr. Fessendon's, in the city of Hartford, Conn., the following officers were chosen:—

Richard Warner, M.D.	-	-	-	-	President.
Alvan Talcott, M.D.	-	-	-	-	Vice President.
Archibald Welch, M.D.	-	-	-	-	Recording Sec'y.
Henry Holmes, M.D.	-	-	-	-	Corresponding Sec'y.

Drs. Warren, A. Fuller, James Rowland, and George B. Hawley, were elected members of the Association. Drs. David S. Dodge and Erasmus D. Hudson were appointed dissertators for the next meeting. An Essay on the History and Prospects of the Hopkins Medical Association, written by Dr. Milo L. North, who is now at Saratoga for his health, was read by the Secretary. Dr. Richard Warner read a history of typhoid pneumonia, as it appeared in Upper Middletown in March and April, 1838.

In the absence of Dr. North, we are not at liberty to present more than the following extract for publication.

"An established reputation for professional courtesy and honor should be an indispensable requisite for admission in the candidate proposed. The meanness, jealousy and littleness of medical men in former days are, alas, too well established. Collegiate education and attendance on medical schools, and the wide spread influence in our country of politeness founded on religious principle, have done much, not only to soften the natural asperity of the physician himself, but to throw restraint over him, by showing him how pitiful and degrading the exhibition in himself of low cunning and envy appear, in the eye of his more refined employers. To check these disgraceful propensities in ourselves and the practitioners around us, and to appear really noble and magnanimous to those who employ us, should be an object both paramount and permanent with every member."

Connecticut Medical Society.—At the annual convention of the President and Fellows of the Connecticut Medical Society, held at New Ha-

ven, May 9th, 1838, the following officers were elected for the ensuing year :—

Silas Fuller, M.D., *President* ; Elijah Middlebrook, M.D., *Vice President* ; Luther Ticknor, M.D., *Treasurer* ; Archibald Welch, M.D., *Secretary*.

Cholera in India.—A city called Sterembatoor has lately been smitten again with the scourge of the East, the cholera, which swept off many inhabitants. The reason assigned for this desolation was this—the goddess Ammarl, has a temple in the town, which had been neglected for the last twenty years, and she therefore took signal vengeance on the multitude. Vows being made, however, it was said, that when the cause of her rage was ascertained, the goddess should positively have her just dues, the violence of the disease had moderated a little when last heard from.

Primitive Notions of Disease.—Mr. Champion, who resides at Gigani, in Southern Africa, says that if the natives have a bruise or wound in the days of their childhood, they imagine that its evil influences continue with them to make them sick through life. To pepper they attach great healing qualities, and often ask for it, be their ailment what it may. They eat it as greedily as they would sweetmeats.

Plague in Persia.—During the last summer and autumn the plague raged at Trebizand and the adjacent villages most fearfully, forty or fifty persons dying daily. Although the mission families were somewhat exposed to it, not a member of it contracted the disease. It seems to be making a sweeping circuit through that country, almost depopulating some of the most delightful and populous places in the Shah's dominions.

Scarifying Instruments.—Some beautifully made instruments may be seen at Messrs. Brewers, Cushing & Stevens's, 90 Washington Street, deserving the special attention of practitioners—particularly those residing in the country, where it is always difficult to procure leeches. They are from the celebrated surgical instrument establishment of Evans. Their selection of pocket cases are equally deserving of attention.

Medical School of the University of New York.—Dr. Washington is appointed to the chair of Clinical Medicine, Dr. Paine to the chair of Theory and Practice, and Dr. Lee to that of Materia Medica. Dr. Alfred C. Post, of New York, has been elected to the chair of Clinical Surgery, and Dr. Nathan Smith, of Baltimore, to that of Surgery, in the University Medical School. There is a warm contest in the council between the friends of the two prominent candidates for the chair of Obstetrics, Dr. Beales and Dr. Bedford.

Hæmätosis in the Infant.—Whenever an infant vomits blood the physician should never neglect to examine the state of the nurse's nipples. A child, three months of age, vomited a quantity of blood for several days, without any discoverable cause. At length the mother's breasts were examined, when a large ulcer was found on the right nipple, from which was derived the blood which the infant vomited.—*Zeit. für ges. Med.*

Whole number of deaths in Boston for the week ending June 23d, 22. Males, 16—females, 6.

Consumption, 2—purpura hemorrhagica, 1—typhous fever, 1—disease of the heart, 1—apoplexy, 1—fits, 1—suicide, 1—malformation, 1—dropsy on the brain, 1—dropsy on the chest, 1—infantile, 1—palpitation of the heart, 1—drowned, 2—old age, 1—measles, 1—sudden, 1—stillborn, 2.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3. lyreop

LOWE & REED,
24 Merchants Row, Boston.

MEDICAL LECTURES.

THE Medical Lectures at Hanover, N. H., will commence on Thursday, the 2nd of August next, and continue *thirteen* weeks.

Anatomy, Surgery and Obstetrics, by	- - - - -	R. D. MUSSEY, M.D.
Physiology, Materia Medica and Medical Jurisprudence, by	- - - - -	DANIEL OLIVER, M.D.
Theory and Practice of Physic, by	- - - - -	J. DELAMATER, M.D.
Chemistry and Pharmacy, by	- - - - -	O. P. HUBBARD, M.D.
Demonstrations in Anatomy, by	- - - - -	NOAH WORCESTER, M.D.

Lecture fees, \$50. Matriculating fee, \$3.

June 1, 1838.

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SARLANDIERE'S ANATOMY.

SYSTEMATIZED ANATOMY, or HUMAN ORGANOGRAPHY, in synoptical tables, with numerous plates, for the use of University Faculties, and Schools of Medicine and Surgery, Academies of Painting, Sculpture, and the Royal Colleges. By the CHEV. J. SARLANDIERE, D.M. Translated from the French by W. C. Roberts, M.D.

A few copies of the above for sale at Ticknor's, corner of Washington and School streets, at one half the original subscription price.

CLASS BOOK OF ANATOMY.

THE third edition of this useful guide for medical students, in elementary anatomy and physiology, by Dr. J. V. C. Smith, may be had, ordered by mail, of the publisher, R. S. Davis—Joy's Building—No. 77 Washington Street.

A18—tf.

MEDICAL INSTRUCTION.

THE subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

JOSEPH H. FLINT.

Springfield, January, 1838.

Jan. 17.

RARE CHANCE FOR AN APOTHECARY.

To let, in the vicinity of Boston, on most inducing terms, a genteel and convenient dwelling house, together with a shop connected with the same, for many years lucratively employed in the retail drug business. Also for sale, the present stock and fixtures of the store, on terms uncommonly advantageous. The house being most desirably located for a residence, and the store being centrally situated in a flourishing neighborhood, and commanding an extensive and productive run of retail custom, offer to any retail druggist, who wishes for a neat and convenient dwelling and store connected, inducements seldom, if ever, met with. For a physician who would like to unite the shop with his practice, the stand is a desirable one indeed. The shop can be let separate from the house if desired. As the present owner is under the necessity of leaving this part of the country, on account of ill health of his family, it may be had at a bargain if applied for immediately. For terms, apply to

W.M. C. STIMPSON & CO., Boston.

J13—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVIII.]

WEDNESDAY, JULY 4, 1838.

[NO. 22.]

GUN-SHOT WOUNDS.

An Extract from a Lecture delivered by Amasa Trowbridge, M.D., Professor of Surgery in the Willoughby University of Lake Erie.

[Communicated for the Boston Medical and Surgical Journal.]

THE surgeon is often called upon to decide in cases of comminuted fractures, where the articulating extremities and cartilaginous portions of a joint are involved in the immediate injury by gun-shot wounds. If immediate amputation is deferred in some cases, for the result of the suppurative process, as some advise, more lives may be lost than limbs saved.

It may be observed, as a general rule, where the primary disease is of this nature, the secondary results will probably destroy the patient; or, if he passes that stage, the affected member will be lost, or the life of the individual placed in great jeopardy. It is the duty, then, of the surgeon to amputate soon after the injury.

I know it is difficult to apply this rule to all cases in practice. I have often seen cases occur, where organic lesions seemed to demand immediate amputation; and yet, a favorable result or perfect cure followed without the use of the knife. I have seen other cases of wounds, of a trifling nature compared with these, yet occasion deep regret for the indecision of the surgeon, by their speedy and fatal results.

But, gentlemen, if you practise surgery, and gain the confidence of an extensive community, you will be frequently placed where you must make an immediate decision; and the result of that decision will settle the fate as to the life or death of your patient, and reflect honor or disgrace on your profession and your own reputation.

In the interesting cases which I have described to you, of lacerated, fractured and gun-shot wounds, there must be some general principles observed, and followed, and the application of these principles to cases constitutes an important part of the skill and duty of the practitioner.

I can assure you that there is none better settled with me, than that for a surgeon to omit to amputate a shattered limb when there is no hopes of saving it in the end, would be disregarding the advice of the best writers on military surgery, and his duty as a surgeon.

It is urged against immediate amputation, that the patient is much agitated, and his system depressed and uninured to diseased action, at the time of receiving the injury; and that amputation ought to be de-

ferred until reaction takes place and the suppurative process is tried, and then amputate if the limb cannot be saved.

This shock to the system, when balls pass through the extremities, is not experienced so often as some writers imagine. In cases where the ball passes through large muscles, and thick portions of a limb, the patient may not, at first, be sensible of pain, or even that he has received a wound. His garments being stained with blood is the first intimation he has of the accident. Even if the bone is fractured, he is first made acquainted with it by inability to use the limb. Large wounds of this kind give but little disturbance to the general system, till some time after they are received.

I had much opportunity to witness this phenomena, in many instances, during the late war.

Col. Aspinwall, at the battle of Chippewa, received a gun-shot wound near the elbow joint. The ball pierced the capsules and condyles of the humerus, and yet he appeared to be but little affected by it. He remained on the field till the battle was ended, then immediately suffered amputation of his arm without much pain or disturbance.

I saw three soldiers, at Fort Erie, during the siege of 1814, receive contused wounds from a cannon-ball. They were lying together in a tent. The ball entered and carried away both legs of the first man, near the hip joints, shattered one of the legs of the second, near the knee, and both legs of the third, below the knees. In these cases there was but little appearance of pain, or mental or corporeal agitation. They were as composed, and expected efficient surgical aid, as though their wounds had been of a trifling nature. The division and concussion of the parts, so contiguous to the body of the first, occasioned his death on the third day. He was quiet and easy till reaction took place. The second suffered immediate amputation of one leg; the third, of both; and both recovered.

Col. Miller, who commanded an expedition to Long Point, on the Canada shore, nearly opposite to this place, received a wound by a buck-shot, passing through a portion of the capsule of the knee joint. He was suffered to pass into extensive suppuration. He languished, at Buffalo, for several months, had his leg amputated, and died soon after the operation. I knew but little of his habits, or the state of his general health or system.

Col. McNeil, at the battle of Bridgewater, received a wound by a ball passing a little above the patella under the ligament of the triceps muscle, which wounded the bursa and capsular ligaments, and carried away some portions of condyles of the femur. There was much contusion of the parts. After suffering much pain, inflammation and suppuration, he recovered with partial ankylosis of the joint. He was a man of good constitution and habits.

I have met with many similar results in private practice. I have known a limb lost by the effects of the point of a small knife passing to the capsule of the knee joint; and I have known a patient recover, with a tolerable use of the knee joint, after a portion of the capsule and

soft parts were removed over the outer condyle, and that so fractured and detached, that a part of it was removed with a knife before dressing.

In gun-shot wounds, when balls pass and fracture only the cylindrical parts of bones, fractured portions are sometimes thrown into the soft parts; here, an opening ought to be made, so that they may be cast out by suppuration.

At the siege of Fort Erie, which lasted forty-seven days, many cases of this kind occurred among the officers, as well as soldiers. Capt. Cilley had his thigh broken near the middle, by a ball passing through it. On passing my finger I could discover no bone in the track of the ball, but could feel portions thrown out of their natural position and resting in the adjoining muscles. Free incisions were made from the outer portion of the thigh to the shattered pieces of bone. Inflammation and suppuration followed; in a few weeks the bones were discharged; swelling and inflammation extended but a little distance from the wounded and lacerated portions; the limb was extended and supported by splints and bandages, and although three inches of bone were lost, a rapid recovery and good leg followed.

In all cases where gun-shot wounds are accompanied with fracture of the bones, free incisions ought to be made.

It is remarked in Mr. Tavernier's *Elements of Operative Surgery*, that "when the thigh-bone is fractured by a musket-ball, the patient dies with great suffering, before the end of six weeks, and but few of those escape in whom that bone has been fractured in its middle part." Had this gentleman witnessed the results following free incisions, he might have had a more favorable view of the subject.

A ball may pass upon or near a large artery, and divest it of all its surrounding support, without its sustaining any other injury: but if a ball pass near a nerve, portions of the body depending on such nerve for its influence, may become partially or totally paralyzed for a time.

Gen. Ripley was wounded, at the sortie at Fort Erie, by a musket-ball passing in on the left side of the neck, directly to the carotid artery, in the direction of third cervical vertebra; striking this, it passed out a little forward of the carotid artery on the opposite side. A paralysis and loss of use of both arms immediately followed. Suppuration, in a few days, exposed both arteries to view. Compresses and bandages were used to prevent aneurismal enlargements. Exfoliation of a piece of bone followed. Deglutition was, for some time, difficult, and he suffered from morbid secretions about the fauces. Great reduction, by repeated bleedings, and other means, saved the parts from excessive inflammation, and a recovery followed, with some distortion and inability to turn the head. The paralysis of the arms continued for the first three months, with gradual change for the better; but an uncommon sensation was produced when the hands or arms were exposed to the air, particularly to a temperature below that of the body; pain in the parts, and uneasy sensations in the whole system, would follow, which could only be relieved by warm applications and change of temperature in his room.

This case fully demonstrates Mr. Bell's views of the distinct functions of different nerves. The motory nerves were injured and produced

paralysis of the parts they supplied. The sensitive, or posterior, not being injured, sensation was increased, and the peculiar sensation experienced, followed.

Gun-shot wounds are influenced by the state of the general health, and their final effects cannot be known at their commencement. Extraneous bodies may be carried into wounded parts; we may find two openings, and conclude the ball has passed out, yet the wounded part may contain pieces of wadding, portions of cloth, &c.

Gen. Brown was wounded at Bridgewater. The ball entered the upper portion of his thigh, a little anterior to the trochanter major, and passed out over the inguinal glands. He left the army the next day, passed over to Buffalo, and from that to Barker's, on the south shore of the bay. He suffered from inflammation and suppuration of the wound for three weeks; after this he convalesced a short time, and repaired to Fort Erie, took lodgings on board of an armed schooner, and anchored near the fort. Here secondary inflammation took place, with swelling, great irritation, and discharge of matter from the wound. A piece of woollen pantaloons was removed; the wound then soon healed, and he resumed his active duties at the fort.

Balls may enter the thorax, pierce the lungs, and the patient recover. If a ball pass through the thorax and lungs, there will be bleeding at both openings, with rushing in and out of air at each inspiration, and coughing, with expectoration of blood from the mouth.

Maj. Tremble, at the sortie upon the British batteries near Fort Erie, received a wound, by a musket-ball, through the right portion of the thorax. It entered and divided the fifth rib near its cartilaginous extremity with the sternum, passed on through the pleura and lobe of the lung, divided the same rib near its curvature towards the spine, and passed out. He was engaged, at the time he received the wound, in carrying one of the enemy's block houses. He fell, and was carried back to the fort and placed on a matress. Blood flowed freely from his mouth, with occasional coughing and convulsive action of the thorax. There was great *struggling*, as it is called, for breath, produced by the great quantity of blood passing the trachea. Respiration, at times, was nearly suspended, with feeble pulse, and cold extremities. At each expiration, blood was thrown from the external openings. I shall not be able to give you a particular history of his treatment. I find I did not enter the details in my note book. But I well recollect that but little hope of his recovery was entertained till the fifth day after he received the wound. From the time of the accident to this period, bleeding from the external wounds had been gradually subsiding, but the prostration of the powers of the system, from the first loss of blood, was great. Reaction, however, at this time took place, and so steady and continued was it, that six bleedings within twenty-two days were used, with other mitigating and soothing remedies. It was from the repeated bleedings, which prevented excessive reaction and inflammation, with the unusual solicitude and attention of his particular friend, Col. McRea, who remained constantly with him, that I attribute his final recovery. After the war closed, he distinguished himself in the councils

of this State, and was employed by the general government to transact important business with some of the western tribes of Indians. He was elected a member of the U. S. Senate in 1822. His fatigues and exposures at the west, the previous season, had aggravated an affection of the lungs, which proved fatal a few days after his arrival at Washington.

If a severe stroke is made on the skull by a musket-ball, and the appearance of threatening symptoms follows, a perforation ought to be made through the skull, although there is no depressed portion. It is a high degree of contusion, and is generally followed with inflammation and deposition of matter, on the maters of the brain, and a derangement of the functions of that organ. This piece of bone, which I present you, was taken by the trephine from a soldier wounded at Sackett's Harbor. A spent ball struck the side of his head, near the coronal suture, on the parietal bone. It denuded the bone and glanced off, carrying a portion of the scalp with it. The man suffered, for two days, with symptoms of concussion, then recovered, and was apparently well for thirty days. After this, he complained of pain in his head, nausea, and distress at the stomach, with occasional chills and fever. This was followed in a few days with epileptic fits. I first saw him in one of these fits. There was a morbid state of the parts first injured by the ball, and a sanious discharge from a small fistulous opening to the skull, and this was carious upon its outer surface. I applied a large trephine, and took out this piece of bone. You perceive a portion of the inner table was originally broken down, which must have rested upon the maters. There was much thickening of the dura mater directly under the injured bone, and some matter flowed out on its removal. His fits subsided, and in a few weeks he was reported fit for duty.

A similar case occurred in my private practice a few years since. A discharged soldier came from one of the western forts, and was daily afflicted with epileptic fits. He informed me he had been afflicted with them for nine years; that they were caused by a blow given him by an officer on the head, with a cane. On examining, I found a depression of the upper portion of the occipital bone. The principal relief he had obtained was from repeated bleedings. I recommended the use of the trephine, and he submitted to the operation. This is the piece of bone removed. You perceive both tables were fractured and depressed, and the inner one is much thicker than the outer, by a deposition of ossific mater, and the healing process, which occasioned a pressure on the brain. The skull was so much thickened at this point that it was difficult to remove it with instruments. Inflammation and a discharge of matter followed for three months, when the wound healed and the patient entirely recovered.

I have operated in several other cases, where epileptic results followed injuries of the head, with the same favorable results. I have always found the dura mater thickened and in a morbid state. It was generally extremely sensible, and gave the patient great pain when touched. What agency this has in producing these paroxysms or fits, will be a subject for future remarks. when speaking of injuries of the head. The

surgeon meets with much perplexity in making distinctions and treating wounds of the head. Bad results do not more often follow extensive fractures of the skull from blows or injuries, than from injuries that produce concussion only. This every physician and surgeon ought to know. And this the friends of every patient ought to be made acquainted with ; because, the immediate amendment after an injury would induce the surgeon to promise what it would not be in his power to perform ; and the patient, having his fears dissipated and his hopes excited, would be the more surely hurt by the disappointment. The peculiar circumstances of each individual case, must here, as in other parts of the body, furnish directions to practitioners for their particular conduct ; rules laid down on such subjects can only be general.

Many ancient surgeons, and certainly a goodly number of modern ones, when no fracture or extensive depression is discoverable on a patient laboring under symptoms of disease which have been described, in consequence of violence offered to the head, content themselves with calling the case a concussion, and seldom search further for the mischief. They perceive the skull is not fractured, and if not depressed, the case is a medical one, and surgical aid, they suppose, can be of no use.

I am sorry that I am not able to refer you to some American writer for correct opinions on the interesting subject of military surgery. Mr. Larry is the best practical writer. His works, though very limited, contain the most decisive facts which were drawn from extensive experience, and comparative trial of doctrines, which have been taught in European schools. He was at the head of the medical department of the French army, during the diversified campaigns of Napoleon, which afforded him great opportunities of judging from actual experience. Our revolutionary contest produced some eminent military surgeons ; but their names can scarcely be found in the records of medical science, and they have left nothing for posterity.

During the progress of the late war, the surgeon who accompanied the various divisions of the American army on the northern and western frontier, was sensible that the country through which he passed, and to which he was called for the exercise of his professional duties, had before been the theatre of war, and human distress from disease, whose cause was the same that then surrounded him. He witnessed the sudden changes of atmosphere, peculiar to countries surrounding large and extensive lakes, and the local and general predisposing and exciting causes of disease. He witnessed the many fields on which armies had been encamped, and on which surgeons had put in requisition all their talents and skill, and experience, to control or mitigate wasting pestilence and disease. He frequently viewed decayed castles, forts and redoubts, where severe and destructive contests had been carried on by contending armies, or the more sanguinary results of partizan warfare or savage barbarity ; where singular and extraordinary cases of surgery had been presented, unparalleled, perhaps, in the details and systems of European surgery. And yet, not a trace of the history of these occurrences could be found, that would impart one ray of light or information to his anxious and inquiring mind. Not even could he trace the names

of those on whom rested these arduous duties. The minds that had been directed to the investigation of diseases that then prevailed, and to the direction of the systems of the medical department generally, had treasured up all their knowledge and observations, only to be passed into oblivion and forgetfulness with themselves.

A similar result will probably follow the opportunities and researches of the medical gentlemen who were attached to the army in the late war. Dr. Mann has published a few facts which he gathered while on the northern frontier ; these you will peruse with pleasure and profit.

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ON THE TREATMENT OF OPHTHALMIA IN GENERAL.

[Translated from the work of Sichel, and communicated for the Medical and Surgical Journal.]

WE shall at present endeavor to establish some therapeutic laws which may find their application in the greater part of these diseases.

The treatment of ophthalmia is that of inflammation in general ; being subject to variations according to the seat, the degree, the character of the inflammation, its tendency to a certain termination, and the causes which may give rise to it.

Among the causes there are some which it is necessary to remove before directly attacking the inflammation, and there are others which may be attacked with success only at the decline and sometimes during the convalescence from the ophthalmia.

Among the first, are foreign bodies which have fallen between the eyelids, whether moveable between these and the anterior surface of the globe, or fixed in the external membranes ; which should be immediately removed. It may happen that the eyelashes are turned towards the globe of the eye, and then it is indispensable that they should be either rectified or extracted. When there is only an accidental inversion, as sometimes takes place from rubbing the lids, they should be replaced. But it is necessary that they should be extracted if their deviation is the result of a disease of the border of the eyelids, as is the case in trichiasis.

We may refer to the first of these classes of causes, the too strong or long-continued action of the solar or artificial light ; this it is necessary to modify, for one cannot with impunity withdraw the patient entirely from its influence. Also the excessive fatigue of the eyes, to which we may oppose an absolute rest to this organ. Among the second class, we may rank all the internal causes, such as lymphatic constitution, scrofulous affections, ancient rheumatisms, syphilitic diseases or others, which should be opposed by specific therapeutic agents, which cannot always be used without inconvenience during the inflammatory period.

Without entering too minutely into detail concerning the symptoms, we shall consider the two most important and prominent anatomical characters—characters which of themselves fix the antiphlogistic treat-

ment, and thus become the source of the division of the inflammations into two principal classes, and furnish the two indications to which we should attach the greatest importance in the treatment of inflammatory affections. These two anatomical characters are—

1st. Local congestion, that is to say, the permanent and too abundant flow of blood into the diseased organ.

2nd. The increase of plasticity of the blood and its tendency to decompose itself during life into its constituent parts, and to produce fibro-albuminous exudations, which become organized into false membranes.

According as the one or the other of these characters predominates in the inflammations, we may divide them in a therapeutic point of view into two classes, characterized by particular forms, and requiring different treatment.

1st. Inflammation with predominance of congestion.

2nd. Inflammation with predominance of the increased plasticity of the blood.

Another group might be formed of those inflammations which exhibit an almost uniform development of these two phenomena.

If we take into consideration these two principal characters, the anti-phlogistic means may be divided into two groups:

1. Means directed against congestion.

2. Means directed against the increased plasticity of the blood.

Anti-Congestive Means.

Sanguineous congestion consists not only in local plethora, but also in the morbid direction of the blood towards the diseased organ, where it is incessantly attracted by the inflammatory irritation. Hence the necessity of taking from the diseased organ or the general system the superfluous blood, in order to diminish the too violent action of the arterial system caused by local irritation (depletion), or of driving back from the organ affected the morbid current (repulsion), or of directing it more or less actively towards the healthy parts and towards the surface (derivation).

Repulsion is suited to the least considerable degree of inflammation; to that which resembles rather the simple congestion; but only when it is situated in the external parts of the organ. In most cases of conjunctivitis, repulsion employed in good season puts an end to the disease. Cold water, a means which one can procure so easily, is the best, the most energetic, and the most sure of repulsives, when used in a continuous manner. But there are many inflammations whose nature is averse to cold—such is the catarrhal ophthalmia, for example. In these cases, the astringents of every nature, but principally the astringent mineral solutions, which we may employ lukewarm, or at the ordinary temperature of the atmosphere, fulfil the indications. The less the inflammation is, the more it approaches to the nature of a simple congestion, and the more also is it allowable to increase the strength of the collyrium. In the more considerable degrees of inflammation, we may

make use of a simple solution of the acetate of lead, an astringent, the antiphlogistic powers of which are well known.

Depletion may be immediate or derivative, that is to say, it may be practised near to the diseased organ or at a distance from it. If the former has the advantage of relieving more quickly the inflamed part, by causing the irritation, the pain and the compression to cease rapidly, a relief to which the patients are sufficiently sensible, the second also fulfils the very important indication of giving another direction to the morbid flow of blood.

In order to obtain the united effect of these two depletive methods, it is well to employ them, in severe ophthalmias, either simultaneously or alternately being made to succeed each other at very short intervals. In children, general bleedings are rarely indicated; it is nevertheless possible that we may be forced to have recourse to them. In adults, we may often shorten considerably the duration of the ophthalmia, and may decidedly diminish the danger in cases of a great degree of intensity, by causing the local bleeding to be preceded by a general bleeding of from 8 to 16 ounces, to be repeated in 24 hours if the symptoms do not lose their intensity. In some cases it is necessary that the bleeding should be carried to syncope. Arteriotomy, bleeding from the jugular vein, and that from the nasal vein, do not appear to possess any peculiar advantages, and they often require the considerable inconvenience of compression in the neighborhood of the diseased organ, which restrains the venous circulation and increases the inflammation. Bleeding from the arm as simply depletive, and that from the foot as revulsive, have in our practice always proved sufficient. They may be used alternately in order to unite their advantages. The best local bleeding consists in the application of leeches over the mastoid process, to the temple, or in front of the ear. If placed too near the eyelids they often produce, in consequence of the looseness of the cellular tissue of the part, an erysipelatous œdema with great swelling of the lids; and sometimes ecchymoses, which frighten without relieving the patient, and prevent the physician, for a certain time, from examining the state of the eye. The same inconvenience results from applying the leeches upon the internal surface of the eyelids. Here, the limited space permits only a small number to be applied, so that the depletion is less considerable than the inflammation caused by the bites. This last reason, founded upon a long experience, has led us to employ always a larger number of leeches in the case of direct local depletion than when they are used as derivative; indeed, in the latter case, we draw advantage even from the irritation of the skin caused by the leeches, while in the former case this irritation is an entire loss, and adds often, at least temporarily, to the intensity of the inflammation.

Derivative bleedings may be found useful either after the local bleedings, or when a suppression of any habitual evacuation, as of the menses, of an hemorrhoidal flux or of an epistaxis, furnishes a special indication. It is in this case that the application of ten or fifteen leeches to the anus or the genitals, cupping upon the back, the loins or the lower extremities, may find their application.

The derivative effect produced by bleeding is powerfully aided by certain means of irritation, which attract the blood towards the circumference and thus turn it from the diseased organ. Of this character are the foot-bath, with mustard sinapisms to the extremities, and the application of the emplastr. resinos. cantharid. to the back or between the shoulders, for the purpose of producing a temporary rubefaction of the skin. In proportion as these derivative means of a transitory action are useful, and serve to aid the direct effects of depletion and repulsion, by so much, the more energetic agents which give rise to a vesication of the skin, or which keep up for a long time a puriform secretion in the neighborhood of the inflamed organ, appear to us injurious, and rather adapted to add a new irritation than to relieve the primitive inflammation. In the course of our experience we have rarely witnessed any salutary effects result from these violent remedies in the active periods of ocular inflammations. We believe that they possess a marked advantage only in the inflammations of the mucous textures accompanied by an abundant puriform secretion; for example, in the blenorrhagic ophthalmia. It is still necessary, even in these cases, that the severity of the inflammation should have been modified by the previous employment of bleeding and repellents. But we are far from wishing to depreciate the value of these agents, used when the severity of the disease begins to diminish, or when it is desired to prevent a relapse in a rebellious inflammation. In most cases the application of a blister, or frictions with tartar emetic ointment composed of a drachm of tartarized antimony and two drachms of lard, is sufficient, towards the decline of the inflammation, to produce rapid amelioration and give to the disease a more decided progress towards a happy termination. It is only in a very few cases which are very complicated, chronic and obstinate, that there is any necessity for having recourse to moxas, to issues and setons. Blisters and the tartar emetic ointment have the advantage of exciting an irritation which we can readily arrest without danger, and afterwards reproduce with renewed activity, whilst the more profound irritants, as setons, &c., are with difficulty removed and soon become an habitual, useless and injurious secretion—useless, because, accompanied with a very feeble irritation, it has not the power of displacing an irritation of a morbid and secretive character—injurious, because it constitutes an artificial and additional morbid condition, of which the patient may not be able to rid himself without great precaution, and sometimes not without serious consequences.

Purgatives act in various ways, as depletive, derivative or antiplastic agents. We speak of them in this place because they form a kind of introduction to the means which belong to the second class of therapeutic indications relative to inflammatory affections.

Purgatives, by inducing an abundant secretion from the intestinal canal, give rise to the evacuation of a large quantity of serous and fibro-albuminous matter. This kind of evacuation is not less important than sanguine emissions, especially when the ocular inflammation attacks very young subjects, in whom the serous and fibro-albuminous parts predominate. Purgatives are still very important when a peculiar morbid dis-

position, as scrofula, is the cause of the predominance of lymph in the constitution of the organic liquids.

If the advantages of depletion by the aid of purgatives are evident, it is not the less true that they do not offer the inconveniences which some have wished to attribute to them. The fear of their causing intestinal irritation is not founded upon experience. Unless some pathological condition of the intestinal surface pre-exist which forbids their use, they are well supported by individuals of all ages. The increased secretion which they excite is itself the crisis of their first irritating impression upon the mucous membrane, and the surest security that this congestion is not transforming itself into a permanent or inflammatory irritation; thus the irritation is opposed and subdued by its own effects. The second effect of purgatives consists in the transferring the irritation of the mucous membrane of the eye to another very extensive portion of the mucous system. This powerful and favorable revulsion is equally useful in the inflammations of all the tissues of the eye.

By removing from the mass of the blood a large quantity of fibro-albuminous matter, purgatives contribute to diminish the plasticity of this fluid, and thus already fulfil in part the second indication.

Finally, they are also useful in those cases, by no means rare, in which the local inflammation is accompanied and often kept up by a gastric irritation. It is especially in practice among the poor that their employment is of great value and of extensive application, for the double reason of the bad quality of their food, which produces in every disease frequent complications of gastric embarrassment, and of the high price of leeches, for which, evacuants from the intestinal canal may often be substituted, chiefly in lymphatic constitutions. There are cases of conjunctivitis of a mild character in which a simple purgative alone fulfils the indication of depletion, and dissipates at once all the morbid phenomena.

The purgatives which we are in the habit of employing are, for adults, the neutral salts, as the sulphates of soda and magnesia. These, beside their purgative effect, appear to have a modifying influence upon the blood. With children we use manna in a dose of one or two ounces, dissolved in water, or an infusion of senna with coffee, or an electuary of senna with prunes and cream of tartar or the syrup of rhu-barb. If we desire a more drastic effect, we add scammony or jalap, in a dose of a scruple for adults and of half a scruple for children. Calomel may be given with jalap in a dose of from 4 to 12 grains.

Experience has taught us that we may obtain sufficient purgative effects with the tincture of the seeds of colchicum, given to children in a dose of from 4 to 12 drops, and to adults in that of from 15 to 20 drops four times a day. This remedy is doubly useful in practice among the poor, as its cost is trifling, and because its taste may be so easily disguised in some mucilaginous drink that children may be made to take it without difficulty.

Emetics, the action of which is similar to that of purgatives, are seldom required in inflammations of the eye. The depletion produced is less complete than that produced by purgatives. The efforts which

precede and accompany the act of vomiting, have the disadvantage of causing a determination of blood towards the head, and of consequence towards the eyes. Tartarized antimony in large doses, not as an emetic, but as a counter stimulant, may be used in violent ophthalmia according to the same rules which have been fixed for its use in inflammations of the other organs.

There are certain cases of chronic ophthalmia, complicated with abdominal plethora or rheumatism, which are rapidly benefited by the use of tartarized antimony or ipecac in nauseating doses.

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VEGETABLE DIET, AS SANCTIONED BY MEDICAL MEN.*

SINCE this book came from the press, we have been considerably perplexed in ascertaining its true value. Here is the combined testimony of a considerable number of physicians, in favor of abstaining altogether from meats—and they give their personal experience in regard to themselves, to a considerable extent. Now the question arises—what degree of credit is to be given to these gentlemen? Have not many of them, particularly those residing in New England, become hasty converts to the new doctrine of vegetable food, without having carried on the experiment sufficiently long to settle a question so important? Again, there are a host of authorities quoted, from Dr. Cheyne down to Dr. Beaumont, showing that each and all advocated a diet of vegetable food. Now passages might be found, in the writings of almost any medical writer, which, when isolated or detached from the rest, would favor the project in question. In fact, we are fully inclined to the opinion that these very renowned authorities were as fond of roast beef as the modern consumers of the same nutritious article. Unexpectedly, we find our humble self drawn into the ranks, and our own veritable words arranged, like a platoon of soldiers, for the defence of the untenable scheme of feeding on simple vegetable food.

There are conditions and circumstances requiring peculiar vigilance in diet—the veal, the mutton, and the turtle soup must at times be abandoned, because it is a curative process to abstain from them; and it may be equally necessary to return to them again with moderation, the moment the functions of organs have been restored, which were injured by their excessive use. The teeth alone, in man, without any reference to the structure of the stomach or the elaboration of the gastric fluid, show, beyond all philosophical contradiction, that he was destined to be omnivorous. It is because he is omnivorous, that he can traverse all regions, and sustain himself in all climates. He was designed to be the superintendent of the world he inhabits, and that he might be such, he has a structure, both externally and internally, admirably conducting to that

* Vegetable Diet, as sanctioned by medical men and by experience in all ages. By William A. Alcott. Boston: Marsh, Capen & Lyon. 12mo. p. 276.

end. Because the animals are not omnivorous, they are confined to particular regions—and some cannot be removed from the latitude and longitude for which they were created, without endangering their existence.

We sincerely believe that the animals were in the beginning designed for the use of our race—and we believe, too, without any qualifications, that a sound state of health here at the north, requires a small quantity of meat to be used. We have never yet seen an exclusively vegetable eating individual who did not show the evil effects of it.

Without the least disposition to combat the growing radicalism in dietetics, more rife in Boston, it is supposed, than anywhere else, we are perfectly willing that, as all men are born free and equal, each one should dine upon just what he chooses. Perhaps it is as well that books should be multiplied on this subject, as well as on others : but meats will continue to be eaten till the day of doom. Too much, however, is usually consumed ; and if Dr. Alcott succeeds in persuading his readers to consume less, in a given time, he will have achieved a good work. But the attempt to change the order of nature is a hopeless undertaking.

Dr. Mussey.—For the last twenty years this gentleman has been officially connected with the medical department of Dartmouth College, and owing to his personal exertions the character of the school has been well sustained, although it was feared that the removal of the celebrated Dr. Smith, to New Haven, would lessen its influence. Still the institution continues prosperous. It is now destined, however, to lose the labors of Dr. Mussey, who has recently accepted the professorship of surgery in the Medical College of Ohio, located in the city of Cincinnati, to which place he will remove with his family, to take up a permanent residence, at the close of the ensuing lecture term at Hanover. The people of Ohio will secure, in the person of Dr. Mussey, emphatically the surgeon of New Hampshire. His reputation as a successful operator requires no fostering, at our hands, to be appreciated by those who have succeeded in drawing him from an extensive field of practice in New England, from a venerable college in which he has taught from his youth up, and from all those friends and associations which make life desirable in the land of one's birth.

The trustees of Dartmouth College will find it a difficult undertaking to fill the chairs of anatomy and surgery without endangering the prosperity of the medical school, at which as many physicians have been educated, as at any one, probably, in the northern States. It is to be hoped that they will not be so injudicious as to elect persons already holding professorships in other places—a most fatal movement, invariably—for it is like a second mortgage on an estate—the first is the best security.

Medical College of Ohio.—All the chairs of this institution having been filled by distinguished men, extensively known for their talents and acquirements in the various branches of knowledge which they have been called upon to teach, the prospect is altogether favorable for the future. In connection is a hospital, to be under the express direction of the faculty, where the clinical instruction, the most important of all to the student of medicine, promises to be regular, scientific and syste-

matic. Lastly, the direct patronage of the Legislature gives a degree of character to the effort which is making to elevate the standard of medical education in the enterprising Commonwealth of Ohio.

Medical Information.—A gentleman of Boston being engaged in the preparation of a series of medical statistical tables, which will be generally interesting to every medical practitioner, is desirous of receiving, from responsible sources, an exact list of the professors in all the medical institutions in the United States; the value of their several libraries; general remarks upon their museums; also the names, locations, officers and objects of all the medical associations, both in counties, cities and states; and, as far as possible, the names, age and time of decease of eminent medical men, who from time to time were officially associated with such institutions. Communications, transmitting this kind of information, may be directed to the editor of the Boston Medical and Surgical Journal. If pamphlets are transmitted, the names of officers which are inserted with a pen must be plainly written. The first of October is as late as such papers can be received, to be of any service to the author.

Medical College of Richmond, Virginia.—The Trustees of Hampden Sidney College, having organized a medical department, and located it in the city of Richmond, announce that the winter term of lectures in this department will commence on Monday, Nov. 5th, 1838, and will continue until the last week in March, making a period of five calendar months.

Radical Cure of Prolapsus Uteri.—M. Velpeau recently performed the following operation in an old case of prolapsus of the womb, complicated with a cystocele.

Pinching together the mucous coat of the vagina, he cut away three slips of it, one from the anterior part, and the other two from the sides of the canal. Each of the slips was nearly an inch wide, and two and a half inches long. M. Velpeau had previously inserted the ligatures, so that there was no difficulty experienced in bringing the edges of the wound together. Three months had elapsed when the report was made, and the operation had been successful.—*Philad. Med. Examiner.*

Cystoplasty.—M. Jobert lately presented to the Royal Academy of Medicine, a female whom he had cured of vesico-vaginal fistula by the following simple operation. The fistula was about an inch in diameter, and the consequence of difficult labor. M. Jobert having refreshed the edges of the fistula, dissected off a flap from the external labium, and united it by suture with the refreshed edges of the sore. The first attempt failed, but the second met with the most complete success.—*French Lancet.*

Kermes Mineral in Pneumonia.—Dr. Lemarchand, of Le Mans, publishes several observations, in the Journal des Connaissances Medico-Chirurgicales for February, illustrative of the good effects of kermes mineral, in large doses, in conjunction with general and local bleeding,

counter-irritation, &c., in the treatment of pneumonia. His cases show rapid amelioration of the symptoms, under the use of the remedy, which was not followed by either diarrhœa or vomiting.—*Philad. Med. Exam.*

Vaccination.—A notion has been entertained by not a few that the vaccine matter has lost its influence by time ; but this is not supported by the analogy of any other poison. The virus of smallpox itself has lost nothing of its force in the course of 200 years ; and we are enabled to state a strong fact, with perfect confidence, in proof of the efficacy of the vaccine matter at present, viz., that of more than 70,000 vaccinated in descent with successive portions of the matter originally collected by Dr. Jenner, 38 years ago, vaccination has manifested its peculiar influence in all ; though of this number some hundreds have been subjected to the severest trials by exposure to smallpox in its most fatal form.—*London Vaccine Establishment Report.*

Medical Miscellany.—The Catholics at St. Louis have a hospital, chiefly managed by the Sisters of Charity. Six hundred patients were received in it last year, of which number only seventy died.—Scarlet fever, of a malignant type, has been prevailing at Thompsonville, Conn.—A child in Lowell lost its life by swallowing percussion caps. Twenty-one were found in the stomach and twelve in the small intestines, after death.—Smallpox exists at West Dennis.—The proceedings of the President and Fellows of the Connecticut Medical Society, in convention, in May, have been published in a pamphlet.—Dr. Cunningham, of the Medical College of Georgia, believing that the interest of the school would be advanced by diminishing the number of professors, tendered his resignation of the chair of Theory and Practice, which was accepted. Dr. Ford was immediately elected professor of the Institutes and Practice of Medicine. Dr. Newton has become demonstrator as well as professor of Anatomy.—No election has yet been made of a professor of Theory and Practice in the newly organized medical college at Albany.—Dr. David Rodgers has received the appointment of professor of Surgery in Geneva College, in the western part of the State of New York.—A man lived eight days, in Paris, after swallowing one ounce of concentrated sulphuric acid. On examination of the pharynx and tongue, after death, they were found free from ulceration ; the whole mucous membrane of the œsophagus, however, was black, and detached from the muscular tissue.—Mr. William Darword, of Montrose, Scotland, has signified his intention of giving 10,000*l.* for the establishment of a hospital in that ancient place, for aged and infirm people, and orphans and deserted children.—Dr. Tweedie, the well-known writer, and Physician to the London Fever Hospital, will soon commence the publication of a series of volumes, to be called the *Library of Medicine*, assisted by a host of eminent professional men. Each volume is to contain 400 closely printed pages.—The “*startling narrative* of Miss Brackett’s imaginary voyage through the air, with Col. Stone, of the city of New York, while under the influence of animal magnetism,” is selling at a most productive rate in London.—The Board of Health established at Rome, during the prevalence of the Asiatic cholera, has lately published its report, from which it appears that the number of persons attacked by the disease was 9372, of whom 5419 died.

DIED,—In New Haven, Ct. 18th ult., Thomas Hubbard, M.D., 63; for several years he was President of the State Medical Society, and he succeeded the late Dr. Nathan Smith in the Professorship of Surgery in the Medical Institution of Yale College.—In Tiverton, on the 15th ult., Dr. Samuel West, aged 64.—In London, of the prevailing typhous fever, Dr. Fergus, Prof. of Medical Jurisprudence in King's College, 28; also, of the same disease, Dr. C. J. Johnstone, physician to the Foundling Hospital.—At Edinburgh, Dr. John Home, son of the professor of that name in the University.

Whole number of deaths in Boston for the week ending June 30, 32. Males, 12—females, 20.

Consumption, 4—croup, 3—diarrhea, 1—lung fever, 1—canker, 1—cholera infantum, 1—drowned, 3—infantile, 4—inflammation of the bowels, 2—dropsy in the head, 1—old age, 2—paralytic, 1—scarlet fever, 1—intemperance, 1—child-bed, 1—inflammation of the lungs, 1—dropsy on the brain, 2—rupture, 1—stillborn, 1.

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J13—tf

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Oct. 18—tf

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THE third edition of this useful guide for medical students, in elementary anatomy and physiology, by Dr. J. V. C. Smith, may be had, ordered by mail, of the publisher, R. S. Davis—Joy's Building—No. 77 Washington Street.

A18—tf.

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[NO. 23.]

LECTURE ON ULCERS.

DELIVERED AT THE PHILADELPHIA MEDICAL INSTITUTE, BY THOMAS HARRIS, M.D.
SURGEON TO THE PENNSYLVANIA HOSPITAL.

IN common language an ulcer and sore are used as synonymous. The term ulcer is derived from a Greek word, signifying to draw, because it was thought that peccant and unhealthy humors of the body were eliminated through it. Hence the old practice of dressing sores with such stimulating salves as promote purulent discharges. This doctrine is now happily repudiated. I have already told you that suppuration is a destructive process, depending on derangement in the action of the capillaries, which secrete, in a healthy state, both the solids and interstitial fluids of the body. Ulceration is a mere compound action, consisting of the formation of little organic or fleshy eminences, called granulations, connected with the secretion of pus. The class of capillaries that secrete the solids of the body are now engaged in building granulations, while those capillaries, which, in their natural state, secrete the interstitial fluids, during the process of ulceration secrete pus. Burns and other surgical pathologists are of opinion, that when there are no granulations, perfect or imperfect, healthy or the contrary, there can be no ulceration. Ulceration is a restorative process, in which healthy flesh, or granulations, are secreted. Where there are no granulations, it is a "mere suppurating surface." Although I concur in opinion with these gentlemen, still I will, for the sake of custom and convenience, continue the old nomenclature.

Ulcers are divided into healthy or simple, indolent, irritable, and phagedenic. The simple healthy ulcer is commonly the result of an abscess, and is met with in a sound constitution. Its characters are florid and pointed granulations, having an even surface, but slightly elevated above the surrounding skin, and covered by a matter of the color and consistence of cream. By granulations, I mean those little eminences springing from the cellular tissue, by which the surface of an ulcer is covered. They present a reticulated structure when examined through a microscope. Their bases are broad, and they contract, as they approach the surface, to about one third of their original diameter. When the constitution is sound, and the body in a healthy condition, they spring up very rapidly. They evince a great disposition to unite one with another, and from this natural process we derive useful hints in their treatment.

When the solution of continuity is entirely filled up by red and even granulations, secreting a yellowish pus, the process of cicatrization commences. A white, shining, transparent film covers the surface of the sore. The cutis vera is first formed, the cuticle next, and the rete mucosum last of all. Thus we can account for the difference of color in a cicatrix which often exists so long. This is peculiarly the case with the negro. Sometimes, indeed, the rete mucosum is never regenerated.

Of all the remedies which have been proposed to cure ulcers, not one deserves the name. Ulceration is a natural, restorative process, instituted to repair some injury. All that the surgeon can do is to assist the healthy action which is going on. A poultice at first will be found a very soothing and comfortable application. When the granulations have risen near the surface, the poultice should be removed; it relaxes and weakens the parts, and now does harm. Simple cerate, adhesive plaster, or dry lint, may be substituted. An oval piece of dry lint may be applied to the centre of the sore. Sometimes the granulations become too luxuriant, and are said to be *fungous*, or are termed, in common language, *proud-flesh*. In such cases they may be compressed by the means just mentioned. When languid we must apply some stimulating application. Numerous ointments have been proposed to effect this. These greasy substances are very apt to irritate the sore, on account of their becoming rancid from the heat of the parts. I, therefore, commonly prefer using the same articles in the form of washes. These may be applied on a piece of lint to the surface of the ulcer, and the whole covered by oiled silk to prevent evaporation. The black and yellow washes, solutions of the nitrate of silver, and sulphate of copper, may be used for this purpose. Attention must be paid to the diet of the patient, as well as to his general health, and all stimulating drink and food must be forbidden. The part must also be kept at rest. I may mention that within a few years, in the London Hospitals, cold water has been found a very pleasant and excellent application to ulcers.

Sometimes, from bad treatment, or from impaired constitutional powers, the ulcer assumes an indolent character, evincing an indisposition to heal. There are no granulations; the surface is flat and shining, glassy, and semi-transparent. The edges are smooth, rounded, elevated and protuberant, making the chasm in the flesh appear much deeper than in reality it is; for it, in fact, is but little below the level of the skin. Indolent ulcers occur generally in parts remote from the centre of the circulation, as the leg; and are most frequently met with in intemperate habits. Local means will effect but little, unless the constitution is attended to. You must first regulate this. A good pill to improve the secretions, and conduce towards this end, is the following:—
R. Extract colocynth. comp. gr. xxiv.; pil. hydrarg., pulv. rhei, āā gr. xij. Ft. mass. et div. in pil. no. xii. Sig. Two or three at night.

Where gastric derangement exists, as we often find in persons of luxurious habits of life, I have found no mixture so excellent as the following. Indeed, in several forms of dyspepsia, especially in those connected with irritation of that viscus, I look upon it as invaluable. R. Extract. taraxici, ʒj.; potassæ tart. ʒvj.; sodæ bi-carb. ʒj.; tinct.

rhei, f 3 vi. ; aq. bullient. Oj. M. ft. infus. Sig. A half a wine-glass full three times a day.

Place your patient in bed, elevate his limb, and apply a poultice. You must then employ stimulating applications. Of these there are a great number, and you will find it advantageous to be acquainted with, and employ, perhaps, all. It is very necessary to change frequently your applications in the treatment of all kinds of ulcers. An ulcer will do very well for some days under one application, which will then lose its effects, and you must resort to another and another, until you succeed in accomplishing a cure. The fermenting poultice, made by mixing Indian meal and porter, and putting them before the fire to ferment ; poultices containing the chloride of lime or soda ; the black and yellow wash, and the solutions of the sulphate of copper or zinc, with a host of others, may be mentioned. A solution of nitric acid—fifty drops to the pint of water—is highly recommended by Sir Astley Cooper, in this form of ulcer. An excellent application to an indolent ulcer, and one which I frequently employ, consists of equal parts of bees-wax and Venice turpentine, melted together, and poured, when cooling, into the ulcer, and confined there by strips of adhesive plaster. So long, however, as the edges remain in the callous and undermined condition before mentioned, it is impossible to cure the ulcer. They must be removed by the knife or caustic. The method usually employed is to apply over the ulcer a piece of adhesive plaster, cut to fit the sore, and then to burn off the edges with the caustic potash. A plan of treatment for indolent ulcers was proposed, some years ago, by Baynton. It consisted of the application of adhesive straps, encircling three fourths of the leg, with holes cut in them to permit the passage of the matter. This plan sometimes succeeds very well, but I have seen it prove very injurious. Baynton says, that by adopting this method the necessity of confinement to bed is obviated, he allowing the patient to walk about. I never yet saw a case of ulcer where motion did not do harm. One variety of the indolent ulcer, and a very common form of the disease, is connected with an enlarged or varicose condition of the veins. This is the result of phlebitis, or inflammation of the veins, for in every case we find them preternaturally thickened ; they are four times as thick, and often twice as long, as natural. The veins are very tortuous, and return on themselves. The valves do not act, and the column of blood has nothing to sustain it. Ambrose Paré, and the old surgeons, were in the habit of removing the enlarged venous cluster by the actual cautery. This was, of course, a very cruel and unnecessary procedure. Another practice is to cut down and apply a ligature to the vessel. This is a very dangerous operation, fatal phlebitis often following it. Sir Astley states, that he would, in his own case, rather have a ligature applied to his femoral artery, than have his saphena vein tied. Sir Benjamin Brodie proposes to divide the vein ; for this purpose he introduces a narrow, slightly curved bladed bistoury, with its cutting edge on the convex side, between the integument and vein, and turning the back to the former, cuts through the vessel. Reunion, however, is found to follow this operation, and the varicose condition to return. In the early stage, leeching along

the course of the vein, aided by compression, is often sufficient to effect a cure. If the disease has existed for any time, an operation becomes necessary. The one I have been in the habit of performing, is that proposed originally by Dr. Hartshorn, of this city. You cut down upon the vein, dissect out about two inches, and remove it; you then apply a compress above and below the wound, and confine the whole limb by a bandage. The first dressings are to be suffered to remain four or five days. I have now performed this operation fifteen times, and in but one instance did any bad effects follow. That patient had an attack of phlebitis, from which he recovered. The French surgeons have lately proposed a new operation for this affection; it consists in passing a needle through the vein and confining it there for several days by means of a ligature. I have tried it lately in a case of varicocele, and with success. On the same principle, Fricke, of Hamburg, passes a ligature through the vein, and permits it to remain in a sufficient length of time to excite the requisite inflammation for the obliteration of the vessel. Liston, and other English surgeons, apply caustic to that portion of the vein which is healthy, until inflammation occurs and its cavity is destroyed.

The next description of ulcers to which I shall direct your attention is the irritable ulcer. This may be recognised by the great pain it occasions, the jagged, irregular edges; the florid, unequal granulations, and the bloody, fœtid, and ichorous discharge. The constitutional symptoms, too, are often very severe and distressing. Pressure on the part occasions intense suffering; the weight even of a poultice will sometimes produce a great deal of pain. Various local applications have been recommended; among these, fomentations with poppy heads will be found very soothing and serviceable. The mucilages of flax seed, slippery elm, and sassafras, you will also find very advantageous when inflammation exists; indeed, when this occurs to any extent, you must resort to leeching; *your leeches must be applied around the ulcer, to the sound, uninflamed skin. Sir Astley Cooper's anodyne lotion you will find, at times, a valuable application. We use it in the Pennsylvania Hospital with a great deal of success. It is composed of—R. Extract. opii, 3ss.; pulv. acac. 3iss.; aq. calcis. 3ivss. M. ft. sol.

But the great secret in the treatment of every description of ulcer, as I have before told you, is to change constantly your applications; when you find one losing its effects, try another, and so on. In the treatment of indolent ulcers the greatest benefit is derived from the internal use of opium and calomel. Some surgeons are of opinion that the anodyne alone will answer, but my experience is in favor of the addition of the mercurial. I give one grain of opium and two of calomel twice or thrice a day. From the employment of this remedy I have derived the greatest benefit. When the character of the ulcer is changed, and the granulations begin to spring up, the local application of opium must be stopped, as it tends to deaden the parts, and prevent the healing process.

The last variety of ulcers of which I shall speak to-day, is the sloughing or phagedenic ulcer. The phagedenic ulcer prevails often to a great extent in hospitals. In the Pennsylvania Hospital, last winter, there

must have been at least twenty cases. It often proves very fatal, attacking patients of all descriptions, causing a fatal termination to the slightest wound. When it attacks a part, the granulations lose their florid hue and become flabby; the parts swell, and an ichorous discharge is poured out. It is commonly connected with erysipelas. Some surgeons consider it as contagious. The constitution is severely implicated; the pulse can scarcely be felt; the countenance becomes sunken; the eyes are glassy; a cold sweat covers the whole body, and the patient rapidly sinks. Various means have been proposed to arrest this formidable malady. In the Pennsylvania Hospital the purgative plan has been found the most effectual, combined with the usual local means for the arrest of gangrene. Blisters have been highly lauded as a means of arresting hospital gangrene, but I have known repeatedly the parts on which the blister has been applied to slough, and thus aggravate the patient's condition. Removal to another ward will very often speedily put a stop to this affection.—*Medical Examiner*.

MERCURY.

FROM SIGMOND'S LECTURES ON THE MATERIA MEDICA.

[Continued from page 187.]

ONE of the ill effects of mercury is the production of salivation, or, as it has likewise been termed, ptyalism. This is one of the proofs of the action of the metal upon the system, and has been produced by very small quantities, very rapidly. Various are the theories which have been brought forward to account for this determination to the salivary glands; but it would be useless for me to attempt any explanation, for none of those that have been advanced are perfectly satisfactory. There seems, in some constitutions, a peculiar idiosyncrasy, which is exhibited by the incapability of taking a very minute quantity of this mineral without this effect being very rapidly produced. Five grains of blue pill, taken for three successive nights, have been known to produce salivation; and Dr. Ramsbotham, in the "*Medical Gazette*," states, that death occurred after such a small quantity. I think that in many instances, where such results have arisen, the blue pill must have been adulterated, or that the confection of roses must have contained a larger quantity of acid, and that the resulting decomposition must have caused the formation of a destructive salt.

Dr. Crampton has, in the "*Transactions of the Royal College of Physicians*," narrated a case in which calomel in so small a quantity as two grains, excited salivation. This was followed by extensive ulceration of the throat, exfoliation of the lower jaw, and death.

There are numerous substances, both in the vegetable and mineral kingdom, which will produce very considerable salivation, though of a different character from that which is attendant upon the use of this metal. Amongst the minerals the salts of gold, of antimony, and of copper, are the most remarkable. Croton oil, digitalis, amongst the vegetables; the imagination, too, has great influence. In the "*Medi-*

co-Chirurgical Review," we are told that a very salutary salivation has been produced by bread-pills in a very hypochondriac patient, who fancied that he had syphilis, and that he ought to be put under the influence of mercury, and particular injunctions were given him to leave them off as soon as the mouth became affected. Sauvages speaks of twenty species of salivation, enumerating that which attends upon smallpox, occasionally upon gout, upon pregnancy, and even upon syphilis, where no mercury has been administered. Cases of salivation in all these states are to be found in our periodicals. In the twenty-sixth volume of the "Medical and Surgical Journal," will be read an instance of a lady who, for a fortnight, daily excreted two or three pints of viscid fluid. Two physicians were called in, during different periods of the affection; they were equally unsuccessful in putting a stop to the salivation. Great care was taken to ascertain if any empirical remedy had been used, but there was not any ground to believe that mercury had, in any shape, been taken. The diseased state yielded spontaneously after all remedies had been given up. It has accompanied cynanche, paralysis, fever, bronchitis; but there is a very striking difference in the symptoms that appear at the same time. There is no fœtor of the breath, no brassy taste, no sponginess of the gums.

Dr. Bostock has, in the "Medico-Chirurgical Transactions," stated some experiments that he made upon the saliva during mercurialization. He had some years before analyzed the fluid in its ordinary state. The deductions to be drawn from his labors are, that the chemical constitution of the mercurial is, in many points, different from the common saliva, and this consists in the presence of a quantity of animal matter, possessing properties which resemble those of albumen in its uncoagulated state, or as it is found in the serum of the blood. The change would appear, he says, to consist essentially in the conversion of the animal matter from the state of a mucous to that of a serous, or, rather, an albuminous fluid. Dr. Bostock made his examination of the saliva when the system was fully under the influence of the mercury, when about two quarts a day were excreted, but there was no appreciable trace of mercury in the fluid: the analysis leads him to a physiological inquiry into the action of this remedy, for which I must refer you to the paper in question. When the system begins to evince that it is under the control of the medicine, various symptoms are exhibited; sometimes they are of a mild nature, at others they are very violent; the mouth sometimes first displays the constitutional affection, but it is most generally preceded by some degree of acceleration of the pulse, a degree of feverish excitement, and various nervous affections. If the ptyalism be suddenly established without much previous admonition, the excitability of the system is very commonly much greater, and general constitutional disorder is evinced, and the soreness of the mouth causes an irritability of the whole frame; considerable absorption of the fatty matter, attended by a great extenuation of the body, is quickly visible, and the stoutest person generally becomes thin and emaciated; the excretions from the various organs are altered in appearance, and, oftentimes, in odor; the salivæ evacuations become of a brighter yellow, the urine is

higher colored; a peculiar state of skin, evinced by a very singular fœtor, which is quite diagnostic of the mercurialization, and of which it is impossible to convey any impression by language. It materially differs from the smell that issues from the body after sweating has been produced by Dover's powder, or that which occurs during some eruptive fevers, or upon mental derangement; it is a peculiar characteristic which occasionally lasts after ptyalism ceases. When the action is very severe upon the mouth, the misery which taking any food produces is enough to prevent the indulgence of the appetite, which is sometimes not at all diminished; but when the ptyalism has completely ceased, the appetite is of the most ravenous character, which nothing appears to satisfy; then nutrition recommences, the deposition of the well-digested secretions in the various parts of the body, which have lately lost their usual quantity of fatty matter, is very rapid, and the frame speedily acquires even a greater bulk than it previously had, and oftentimes the standard of health is more firmly fixed than it was before; but this is not always the case; some individuals are left in a state of great feebleness, and liable to every shock that would, under ordinary circumstances, be light. Sometimes local disease has lasted for some time, and even run to a very outrageous extent; ulcerations of the tongue, exfoliations of the alveolar process. Various are the means by which the ill effects of the metal have been attempted to be counteracted. Sulphur has acquired considerable celebrity, and has been said to diminish its action. Dr. Lettison says, he generally found it sufficient, with the addition of bark, to strengthen the general system. Dr. Bateman gave it freely with chalybeates. Pearson thinks free exposure to the air quite sufficient. De Haen ascribes great power to electricity, and mentions its effect on one patient who had a dreadful "tremblement," so that he could work no more; he could neither eat nor drink without assistance, nor render himself intelligible, and, like an infant, was obliged to be assisted for the discharge of the natural secretions. Various means have been adopted to check the salivation when profuse; opium and the narcotics, gargles of tar, superacetate of lead, which, however, blackens the teeth, have been employed as a local remedy. Dr. Wallace, in his valuable lectures, recommends the nitrate of silver, pointed, to be applied to the ulcerated edges of the gums, from which the greatest comfort is derived by the patient.

[To be continued.]

BLOOD-LETTING.

FROM DR. MARSHALL HALL'S LECTURES.

BLOOD-LETTING is so important, so powerful a remedy, so replete with consequences, both good and evil, according as it is well or ill applied, and I have made, as I believe, such improvement in its mode of exhibition, that I propose to enter at great length upon this subject. Part of what I have to say, must be said now in connection with the subject of

inflammation : but part must be reserved for another entire lecture on blood-letting.

The great difficulty is to ascertain, when we have determined upon the institution of blood-letting, *how much* or *how little* blood shall be withdrawn. Where, where can you learn this? In what book—in what lectures? Shall we take ten, or fifteen, or twenty, or twenty-five, or thirty ounces of blood—or more? It may be said that, if the patient be young and robust, and if the disease be violent, we take much blood; but if the patient be feeble, and the disease slight, we take little. But *how much*? and *how little*? are still the questions—to which I know of no answer in medical writings or lectures.

Now it is precisely to determine these questions, which are questions of life and death, that I have a proposition to lay before you, of the utmost value, in many, many points of view. The proposition applies to *every* case in which it is required *to bleed the patient fully*; that is, to the extent the system may bear and the disease require. It is full of safety, guiding us in the use of the lancet, and guarding us, at once, against excessive and inefficient blood-letting.

The plan I propose, is this :—

Place the patient perfectly upright, in the sitting posture, and desire him to look towards the ceiling of the room; having previously prepared the arm, let the blood flow to the most incipient syncope.

If the patient be strong, and the inflammation be seated in the serous membranes, or parenchymatous substance of organs, and severe, *much* blood will flow; if the patient be feeble, and the inflammation be seated in the mucous membranes, and be moderate in extent and degree, *little* blood will flow; and not only this, but precisely as much and as little as the case requires, and the patient can safely bear to lose.

This is the plan, then, which I recommend you to adopt. Determine the first question—that the case requires the *full* detraction of blood, by the history, the symptoms, by the *diagnosis*; then adopt the mode of blood-letting which I have described, and all will be safe. You will often take *more*, and often *less*, than you would have done under the former system of *guessing*, but you will always take the proper quantity; you will not allow the disease to proceed, unchecked for want of the due use of the remedy; and you will not sink your patient by carrying it to excess.

But this is not all; for by the very quantity of blood which has been drawn, you will learn much relatively to the actual powers of the patient, and the degree and nature of the disease—much of a practical kind of diagnosis.

Nay, you will be much guided, in connection with the subsequent state of the patient, and by the previous duration of the actual-symptoms of the disease, as to the *repetition* of the remedy—another most important point.

If *much* blood has flowed before incipient syncope has been induced, revisit your patient *soon*; you will probably have to repeat the blood-letting in consequence of the severity of the disease, especially if you were not called in early in the first instance. If, on the contrary, *little*

blood has flowed, neither does the disease require, nor would the patient bear, further general depletion. Is not this an interesting and important piece of information? And is it to be found in medical writings or lectures? No; for even now, many years since the rule was first suggested in my work on blood-letting, it remains, either from inattention or jealousy, neglected, and unapplied in practice except by a few. But you will appreciate it duly, you will adopt it in your future career of practice, and will, in many a case of an anxious nature, think of me with satisfaction, and, I trust, with some warmer feeling. I consider the rule for the administration of blood-letting, which I have laid before you, as the most important for conducting with safety the use of a powerful remedy in the whole range of the practice of medicine; and I deem myself happy in being its discoverer and promulgator. Would we had a similar rule and guide in the use of *all* our plans of treatment, fraught, as they often are, with good or ill, according as they are applied with or without judgment and skill.

THE LATE DR. P. S. PHYSICK.

FROM A BIOGRAPHICAL SKETCH READ BEFORE THE PHILOSOPHICAL SOCIETY BY W. E. HORNER, M.D.

To the walks of surgery we must look for the genius of Physick in its most decided and extensive application. It is there that we find it exhibiting a series of triumphs, over cases of disease which had baffled the skill of men only inferior to himself, and it is there that it was so active in inventions, to improve and to palliate established modes of treatment. His management of diseased joints by perfect rest, elevation and diet, is a happy substitute for the errors generated under the use of the terms *scrofula*—white swelling: and ending either by amputation or in death, sometimes in both. His treatment of the inflammation of the hip-joint in children (*coxalgia*), by a splint, low diet and frequent purging, exhibits another of those successful innovations upon ordinary practice. His invention of an appropriate treatment and cure for that loathsome disease, artificial anus, which invention has been so unceremoniously modified and claimed by a distinguished French surgeon, the late Baron Dupuytren, is a proof of the activity and resources of his professional mind. Another invention still more frequent in its employment, from the greater number of such cases, is the application of the seton to the cure of fractures of bones refusing to unite. Other inventions are found in the treatment of mortification by blisters; of anthrax by caustic alkali; of the ligature of kid-skin for arteries, in excisions of the female breast. To him also we owe the original act, if not invention, of pumping out the stomach in cases of poisoning; also an improvement in the treatment of fractures of the condyles of the os humeri, so as to render the restoration perfect. I might in this way go on to enumerate many other points of excellence about him, but however appropriate it might be to offer a complete exposition of them, the time allotted to a ceremonial of this kind must prohibit a more extensive and complete annunciation. Those

who have had an opportunity of witnessing his practice extensively, will at least conclude with me in the saying, *Nihil tetigit, quod non ornavit.*

With this great fertility in invention and ardor in the prosecution of his profession, his original papers are deplorably few, and they are also very short. I doubt whether they exceed much half a dozen in number, and whether thirty or forty pages, printed in common type, would not contain all. Lecturing for many years on surgery, his chief organ of publicity was his class of students. The *Elements of Surgery*, published by his nephew, Dr. Dorsey, contain the most perfect account of his opinions and practice up to that period: The *Institutes and Practice of Surgery*, by Dr. Gibson, the present able and distinguished professor of surgery in the University of Pennsylvania, represents largely his views obtained through private communication and publications. Other individuals have also been, through their writings, the means of his intercourse with the press on particular points; among them may be mentioned Dr. J. Randolph, his son-in-law; Drs. Benjamin and Reynell Coates; and, to some degree, myself. Whether these several sources of information do not furnish nearly all of an original kind which he himself would have advanced, may remain unsettled as a question; but my opinion is, that nearly the whole fund is supplied. This, however, I say with great regret at his reserve as a writer. Lamentations of the same kind have been made in the case of Dessault, for it is almost entirely through his pupils that his reputation is transmitted. I may perhaps be pardoned for the allusion, in saying, that in an instance of unequalled importance, the foundation of Christianity, we have no original document, it is all through disciples.

To the preceding claims to our professional veneration, were united physical qualifications of the most perfect kind. He had a correct, sharp, discriminating eye; a hand delicate in its touch and movement, and which never trembled or faltered; an entire composure, and self-possession, the energy of which increased upon an unexpected emergency. He had a forethought of all possible contingencies and demands during a great operation, and, therefore, had everything prepared for it; when performed, he entered upon a most conscientious discharge of his duty to the patient, and watched him with a vigilance and anxiety which never remitted till his fate was ascertained. If to the foregoing brilliant qualities as an operator, and the loud plaudits which attended their exercise, we add a chastening of feeling which subdued every sentiment of vanity, and regulated entirely his judgment; and that he had an invincible repugnance, a horror at engaging in dangerous operations through ostentation, and where the probabilities of cure were not largely in favor of the patient: we have in this summary the most perfect example of a surgeon, which this country has ever seen. But as these great points and striking professional land-marks seldom come in clusters, it will probably be long in the course of Providence before there will be a reunion of all the same qualities.

His operation for the stone on Chief Justice Marshall, in 1831, was the last of his great efforts. He anticipated it with much anxiety, but

when brought to the point he rallied finely—everything was as usual in readiness. The unexpected turn given to the operation, by the almost incredible number, probably a thousand, small calculi which he met with, and their adhesion to the internal coat of the bladder, did not disconcert him in the slightest degree. He in a little time detected the existing state of things, and they were brought to a successful conclusion, being followed by a complete cure. This operation was the more interesting from the distinction of its two principal personages; the one, the acknowledged head of the legal profession, and the other of the medical: and both sustaining themselves, though in advanced life, by that tone of moral firmness and dignity which had advanced them from inconsiderable beginnings, to the stations which they then occupied.

He was remarkable for the smallness of his charges, and for an indifference to fees; for he frequently gave up large ones when there was no adequate reason for it. A gentleman who was extremely solicitous about his wife's health, and derived satisfaction from consulting Dr. Physick concerning it, on taking leave placed in his hand a roll of bank notes: the doctor put it into his pocket without looking at them. The gentleman departed; the doctor almost undesignedly drew the notes out to examine them, and found that there were two of a hundred dollars each. He sent a messenger in haste after the gentleman, and brought him back. "Do you know, sir, how much you gave me?" "Yes, sir, I gave you two hundred dollars, which I was much gratified to do, believing that my wife will now get well under your prescription." "Sir, have you two ten dollar notes in your pocket?" "Yes, sir." "Will you let me have them?" "Certainly." "Very well, here are your two hundred dollars; the two tens are quite enough:" and this resolution he persisted in until the gentleman had taken back the two hundred. In the case of Chief Justice Marshall, who was both an opulent and a liberal man, he refused positively a fee, and a sort of commutation was finally made by his consenting to receive a superb piece of plate.

With this indifference to fees, he was, however, exceedingly exact when money was received, in the appropriations of it to some productive end: his professional labors sometimes produced twenty thousand dollars a year, and his method in this respect finally yielded a sum of more than half a million of dollars.

He was exceedingly scrupulous about receiving money to which there was a doubt of the right. It is the usage of Philadelphia for physicians not to charge the clergy. Dr. Physick had attended the daughter of one; she was rich, and upon her death the executors requested an account, which he made out at two hundred dollars. It was reported to the doctor after this, that one of the executors had observed, that he thought the families of the clergy were exempt from charge. He began to consider on this matter, and finally became so scrupulous that he declined receiving a farthing: and it was only after strong importunity and explanations from the executors, that he could be prevailed upon to take the amount.

He was particularly intolerant to opposition and to disingenuousness on the part of a patient. To a lady whose maternal solicitude was excited

to rebel at the repeated bleedings of a child threatened with hydrocephalus, he said, "Madam, I take leave of your child, the responsibility of its life rests with you." She was fain to send afterwards for him on his own terms, and the child recovered. When a very young practitioner he had a gentleman of distinction, Mr. Lardner, under treatment for pleurisy. His frequent bleedings excited some expression of doubt from Mr. L.; the reply was, "Sir, I must have my own way, or none at all; I bid you good day." The gentleman afterwards mentioned his astonishment at such conduct, not thinking that in this decision of character were the germs of the greatest surgeon in America, and one of the first in the world. To a West Indian who was refractory at being tapped for a hydrocele, he said, "Sir, I'll have none of this, down with your pantaloons, I know perfectly what I am about." He operated and cured him.

He expressed the strongest reprobation of the conduct of a gentleman, who, being under treatment for sore legs, had by feasting and drinking violated the prescribed rules of diet. He felt it as a breach of good faith between the parties. On the contrary, where in a difficult case the patient had concurred fully with him, had scrupulously abided by, and assisted cheerfully in all that was done, when the cure was finished, the esteem which this candor produced made him feel almost as much obliged to the patient as the patient could be to him, and he often spoke of it afterwards with pleasure. My brother-in-law, Mr. Dulles, had a dangerous inflammation of the knee, in which he perseveringly and scrupulously followed every direction and injunction of Dr. Physick, and it was attended with the happiest result: Dr. Physick never forgot it. This was a disease which in his early professional life was considered among the most formidable, under the name of white swelling, and the plan of treatment which he instituted, as I before mentioned, was really an immense step in the practice of medicine.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 11, 1838.

A BONELESS ARM.

A CASE like the following, if not extremely rare, is certainly without a parallel in this city.

Mr. Brown, a worthy and industrious provision dealer in Derne street, now thirty-six years of age, in his eighteenth year had the misfortune to have the right humerus fractured nearly in the middle. He was holding, under disadvantages, an enraged cow by the horns; in some unexpected movement of the unruly animal, both fell, and the bone of his right arm was broken in the fall. Under the care of a judicious surgeon, a reunion was favorably going on; but before the curative process had been completed, Mr. Brown accidentally had another fall, and broke open the old fracture again. Notwithstanding a most vigilant and untiring devotion

to the injured limb, the divided extremities would not adhere ; and, to the surprise of the medical attendant, the shaft of each part of the divided bone began to diminish in size, and shorten in length. By a gradual action of the absorbents, the whole of the arm bone, between the shoulder and elbow, was at length completely removed, and that too without any open ulcer, so that not a single vestige of it was left. It has now been in this state for many years, and probably will remain so for life, as there never will be a deposition of bony matter again in that place, nor even a cartilaginous or a condensed ligamentous substitute, which will materially change it from the present singular condition.

Mr. Brown presents the spectacle of one short arm and one long one. The right fore arm and hand are of a size to correspond with the sound one on the left side, and, under certain circumstances, are equally as strong. Ordinarily the right arm swings hither and thither, like a thong with a weight at the extremity ; for the fore arm and hand, with reference to the division above the elbow, constitute a pendulum, oscillating according to the movements of the body. Although it is impossible to push with the defective arm, he can draw a burden towards himself with it as strongly and tenaciously as with the other ; and in so doing, the muscles are elongated, so that the arm is extended to its original length. When the resistance is removed, the muscles instantly shorten themselves about six inches. To show the perfect non-resistance of the apparatus of muscles, arteries, veins and nerves in the soft, boneless space, we saw him twist the palm of the hand, the other evening, twice round, which consequently presented the strange anomaly of having all the apparatus of the arm twisted like the strands of a rope. In that state the pulsations of the brachial artery and all its branches and ramifications could be felt under the finger, though passing in gyrations, like a winding stair-case, twice round the soft, unresisting fleshy mass.

Under any aspect in which this curiosity may be viewed, either by the anatomist or the philosopher, the resources of nature, and the admirable manner in which she conducts the concealed functions of a living body, are in the highest degree interesting.

Power of Resistance in the Living Skull.—A boy, five years old, a son of Mr. Marston, a farmer on Long Island, in the harbor of Boston, fell accidentally, in following his father by the side of an ox-team, with his head exactly in the rut of the cart path, forward of the wheel. Before Mr. Marston could possibly snatch the child from the dreadfully impending danger, a heavy hay-cart wheel, having a thick, broad iron tire, rolled directly over his child's head—rising up over the space between the crown and the ear, and down to the ground again from the temple. The agonized father ran with the supposed mutilated, if not dead, body to the house. On examination, by the mother, the scalp was found to be cut by the edge of the tire, as though a knife had been drawn over it, yet little or no blood flowed—showing the white bone below. As no injury of the skull could be detected, she closed the external wound with a simple dressing, which kept the edges in juxta-position. The boy exhibited considerable confusion, but it could hardly be called a delirium, and occasionally vomited blood for about a week. He also bled at the mouth and nose. It is plain, therefore, that the blood thrown from the stomach was swallowed from time to time. At the end of six days the little fellow was quite restored, and we rarely see a finer specimen of ro-

bust, juvenile health and happiness, than in the person of this hard-headed boy. A wheel, of half the weight, rolled over a dry skull, would have ground it to powder. To the admirable carpentry of the bones of the head, presenting inimitable strength in every direction, together with the resistance of the living principle, vitality, which is only known by its name, are we to look for the preservation of this child.

Physico-Medical Society of New Orleans.—An extraordinary movement has been made in this body, it will be perceived, by reading the accompanying resolution. In a paper of that city, called the *True American*, an article appeared on the 17th of April, entitled, "*Sight given to the born blind*," which has been copied extensively all over the Union. It seems that Dr. Luzenberg operated on a Seminole woman for cataract, who *was not totally blind*, as has been represented; but now, according to a report signed by eight eminent physicians and surgeons of that city, "the vision in her left eye is irrecoverably lost, and that of her right eye manifestly impaired." Instead, therefore, of restoring a blind person to sight, he has actually made the unfortunate subject of his surgical manœuvres *no better*. But it seems Dr. L. was fully aware of all this, although sanctioning the publication which declared him to have achieved a great triumph in ophthalmic surgery. Of the nature of the charges which finally led to his expulsion, we have not yet been advised. It seems, however, to have been a case analogous to one brought before the Mass. Medical Society, two years ago, which eventuated in the expulsion of a fellow.

The following resolutions were adopted unanimously, on the 9th June, 1838, at an unusually numerous meeting of the Physico-Medical Society of New Orleans.

"Whereas, after a patient and dispassionate investigation of the charges preferred against Dr. Charles A. Luzenberg, and of the testimony adduced by him in his defence, it is the solemn and deliberate opinion of the members of the Physico-Medical Society, that he stands fully convicted of conduct and practices at once immoral, ungentlemanly, and empirical—Therefore be it resolved, that said Dr. Charles A. Luzenberg, a graduate of Jefferson Medical College of Philadelphia, be expelled from this Society, and that his expulsion be published in all the medical journals of the Union, and communicated to all the medical societies of the same." By order of the Society, H. DAVIDSON, *President*.

A true copy—J. M. W. PICTON, M.D., *Recording Secretary*.

Attest—C. F. SNOWDEN, *Corresponding Secretary*.

Lunatic Hospital in New Hampshire.—At this late period, the Legislature of New Hampshire have decided upon the expediency of erecting an institution for the reception of a hitherto neglected class of sufferers in that State. Dr. Bell labored perseveringly many years to bring about this desirable object, but without much encouragement. To his exertions, however, in making a beginning, are to be imputed the present success of the friends of humanity. Whenever any facts regarding the appropriations, the locality, and, lastly, the medical officers who are to manage it, are obtained, they will have a place here.

Medical Examinations.—A considerable number of gentlemen will submit themselves to an examination for the degree of doctor in medicine, in the course of a few weeks, in Boston. Those who are successful, will be graduated the ensuing commencement, at Cambridge.

Boston Medical Association.—Last week a re-print of the by-laws, fee-bill, &c., of the Medical Association of the city, was distributed amongst the members. There have been many changes in the registered catalogue of practitioners in the city since the first organization of the Society. Fifty-seven members have died since 1806. Dr. James Jackson is now the senior of the profession, in the order of admission.

Medical Society of the City and County of New York.—From the character of a long article in one of the New York papers, it seems that considerable internal management is going on to place certain gentlemen of the profession in the position of President and Vice President of that Society; and it is clear, too, from the representations of the writer, that about one half of one sort of members are stupid enough to be made levers of for elevating to every office of distinction, men who have made it their business, through life, to seek the highest places in the synagogue.

Dr. Bell's Select Medical Library and Eclectic Journal.—The last number of this admirable work contains the conclusion of Dr. Edwards's classic work "On the Influence of Physical Agents on Life," a work which ought to be in the library of every medical practitioner; "A Neurological notice of Dr. Physick," by Dr. Horner; "An Experimental Investigation into the Functions of the eighth pair of Nerves," by Professor Reid; and "Microscopical Observations on the Nervous System in Man and Animals," by Professor Ehrenberg (with numerous engravings), besides valuable journal matter.

Prize Questions for 1838, by the Medical Society of the State of New York.—The Diseases of Spinal Column—their diagnosis, history and mode of treatment.

The sum of one hundred dollars is offered for the best dissertation on the above subject, to be forwarded to the Secretary of the Medical Society of the State of New York, on or before the first of January, 1839.

Yellow Fever.—A few cases seem to have been developed at New Orleans, exciting a considerable degree of consternation. The late havoc of human life in that ill-fated city, will not be forgotten.

Lectures on Phrenology.—Mr. Burke, an English gentleman, is lecturing at the Athenæum on phrenology. He discourses sensibly, and like a person familiar with the subject. It is an unfortunate season, however, as people will be unwilling to be confined to a room with the thermometer at ninety.

DIED,—In Warwick, R. I., Dr. Christopher N. Greene, aged 29.—In Hingham, Dr. Daniel Shute, 45.—In Westford, Dr. Asaph Byam, 47.—Lost, in the Pulaski, Dr. Ash, of Philadelphia.

Whole number of deaths in Boston for the week ending July 7, 27. Males, 15—females, 12.

Consumption, 4—scarlet fever, 1—typhous fever, 1—pneumo-thorax, 1—sudden, 1—teething, 1—hooping cough, 1—smallpox, 1—convulsions, 1—worms, 1—old age, 2—erysipelas, 1—disease of the brain, 1—diarrhoea, 1—drowned, 3—child-bed, 1—infantile, 1—inflammation of the bowels, 1—fits, 1—stillborn, 1.

BERKSHIRE MEDICAL INSTITUTION.

THE annual Course of Lectures for 1833, in this Institution, will commence on the 23d of August (the last Thursday but one in the month) and continue thirteen weeks.

The pre-requisites for admission to an examination for the Degree of Doctor of Medicine are, three full years' study under a regular practitioner of medicine; attendance on two full courses of medical lectures, one of which must have been at this school; a defensible thesis on some subject connected with medical Science; an adequate knowledge of the Latin language, and a good moral character. Gentlemen who intend to present themselves as candidates for a Degree are particularly requested to procure full and formal certificates of time.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead from all violation.

Theory and Practice of Medicine, by	- - - - -	HENRY H. CHILDS, M.D.
Botany, Chemistry and Natural Philosophy, by	- - - - -	CHESTER DEWEY, M.D.
Principles and Practice of Surgery, by	- - - - -	WILLARD PARKER, M.D.
Materia Medica and Pathological Anatomy, by	- - - - -	ELISHA BARTLETT, M.D.
Obstetrics, by	- - - - -	DAVID PALMER, M.D.
Anatomy and Physiology, by	- - - - -	ROBERT WATTS, JR., M.D.
Legal Medicine, by	- - - - -	HENRY HUBBARD, Esq.

Fee for the Course of Lectures, \$50. Fee for those who have already attended two full courses at an incorporated medical school, \$10. Graduation fee, \$15. Fellows of the Massachusetts Medical Society, and others who have received the Degree of Doctor of Medicine, are admitted gratuitously to the lectures.

R. WATTS, JR., *Dean of the Faculty.*

Pittsfield, Mass., 20th June, 1833.

tAug22

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses &c &c as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3.

lyreop

LOWE & REED,

24 Merchants Row, Boston.

SARLANDIERE'S ANATOMY.

SYSTEMATIZED ANATOMY, or HUMAN ORGANOGRAPHY, in synoptical tables, with numerous plates, for the use of University Faculties, and Schools of Medicine and Surgery, Academies of Painting, Sculpture, and the Royal Colleges. By the CHEV. J. SARLANDIERE, D.M. Translated from the French by W. C. Roberts, M.D.

A few copies of the above for sale at Ticknor's, corner of Washington and School streets, at one half the original subscription price.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVIII.]

WEDNESDAY, JULY 18, 1838.

[NO. 24.]

EFFECTS OF DIETARIES ON THE HUMAN BODY.

[From the London Lancet.]

IN the Poor-Law inquiry the medical witnesses may throw much light upon the pauper dietaries. Nor should medical practitioners deem these collateral questions, affecting the poor, out of their province. Set apart as guardians of the public health, they are bound to investigate the effects of bad and insufficient food—a common cause of disease, constantly at work amongst the great masses of the population. Indeed, we feel convinced that where an opportunity occurs of observing a system of dietaries carried out on a large scale, and enforced by public authority, the result will be watched with solicitude. For the health of the poor, as well as the interests of society, is concerned, and the whole may be considered as a great physiological experiment, conducted at the public expense, in which physiologists have only to observe facts, and to deduce general results.

Prout, Thomson, Magendie, Tiedemann, Gmelin, Eberle, Mueller and Schwann, have traced the chemical changes which food undergoes in digestion; and have, to a certain extent, completed the labors of their great predecessors. It is well established, that free muriatic acid is always present in the stomach during digestion; and Eberle discovered a principle, called *pepsine*, which has the singular property of dissolving organic matter in a much higher degree than diluted acids. A solution of pepsine is obtained by steeping the mucous membrane of any animal's stomach in an acid solution; the solution dissolves coagulated albumen, muscular fibre, and all animal matter of this class. One grain of digestive matter dissolved in an experiment 100 grains of the coagulated white of egg, so that the pepsine acts by contact, like a ferment, or in the same manner as rennet, which, in the minutest quantity, coagulates milk.—*Müller's Archives*, 1836, *Heft* 1.

Animals live on organic matter; and Prout reduces the nutriment of all the higher animals to three classes:—(1.) The *saccharine*—sugar, starch, gum, &c.; (2.) The *oleaginous*—oil and fat, &c.; (3.) The *albuminous*—animal substances, and vegetable gluten. Bodies of the saccharine class contain carbon, combined with oxygen and hydrogen, in the proportion to form water; the proportion of carbon varies, in different specimens, from 30 to 50 per cent. of their weight. The carbon makes 60 to 80 per cent. of oleaginous bodies; and, as the quantity of carbon may be fairly regarded as a measure of the nutritive property,

fat and oil are esteemed exceedingly nutritious. By a wonderful provision of Nature, milk, the food of young animals, contains the three elements of food—sugar, butter, and casein (cheese).

The simple alimentary elements exist in different proportions in the various substances used for food ; and different kinds of food are nutritious in proportion to the quantity of alimentary matter which they yield when exposed to digestive fluid. Saw-dust, although it contains the same elements as sugar, is not equally nutritious, and, from the same reason, tough meat is less nutritious than tender meat.

The human body consists of a great number of elements, contained in different proportions in different kinds of food. Different kinds of food are demanded, for the body is incessantly taking up or giving off all its organic elements, and vitality is suspended unless the supply of every element be equal to the demand. Magendie fed dogs on sugar, containing no nitrogen, and distilled water. The animals were in good spirits for the first week ; in the second they grew thinner, and in the third lost flesh, strength, spirits and appetite. The cornea ulcerated, and the humors of the eye escaped. Instead of eight ounces of sugar they took no more than three or four, and died, unable to crawl, in 31—34 days. Fed on gum, they died in the same manner ; fed on olive-oil, they continued well for a fortnight, but died in 36 days ; the cornea did not ulcerate in these cases. Tiedemann and Gmelin confirmed Magendie's researches. Of three geese fed separately on sugar, gum and fecula (starch), the first died on the 22d, the second on the 16th, the third on the 24th day. Magendie ascribed death in these circumstances to the want of nitrogen ; but other experiments show that the higher animals can scarcely live on any one kind of food. A goose lived only 46 days on coagulated white of egg. In these experiments it must be recollected that dogs will live from 25 to 36 days without meat or drink ; and that all animals bear the privation of food for a certain number of days and weeks. When an animal has been fed on one kind of food, and reduced, it does not recover, though a natural varied diet be restored.

The form of the teeth, and the fact that mankind almost invariably take animal and vegetable food, speak plainly enough in favor of animal as well as vegetable diet. The mechanism of alimentation, and the quantity of food taken by a person in health, will be best understood by an example. We shall take the case of Dr. Dalton, given by himself, in the "Memoirs of the Manchester Philosophical Society." It was written in 1830 ; the experiments were performed 47 years ago, when the venerable philosopher was in the full vigor of life. As the average of 14 days, the following was the daily consumption of food :—

Oz.		Oz.
12	bread (.30) containing	3.6 carbon
7	oat-cake and meal	1.8
4	pastry	1.0
9	potatoes	1.0
4	butcher's meat	3.0
2	cheese	
31	milk (.03)	0.92
22	tea and beer	a small fraction.
91	Total daily	11 1.2

11½ ounces of carbon entered the system daily ; ½ ounce of carbon escaped in 48½ ounces of urine, ½ ounce in 5 ounces of fæces daily, leaving 10½ ounces unaccounted for. From other experiments Dalton ascertained that he produced by breathing, in the space of 24 hours, 2.8 pounds troy, of carbonic acid=containing 10¼ ounces avoirdupois of carbon, making, with ¼ ounce exhaled by the skin, 10½ ounces. The aqueous vapor exhaled by the lungs was found to be 20½ ounces. These excretions amounted to 84½ ounces daily, leaving, of 91 ounces, 6½ ounces to escape in cutaneous perspiration. An ounce and a half of nitrogen taken every day in the cheese and butcher's meat, was ejected, with various salts, in the fæces and urine.

Six pounds of matter entered the system daily ; five pounds were water, one was carbon and nitrogen ; 1-18th passed off in fæces, one half in urine, 1-6th by the skin, 5-6th by the lungs, the rest in insensible perspiration. Secretion is constantly going on ; vapor is always exhaling ; carbon is circulating and burning incessantly in the textures of the body ; and man only lives so long as these chemical and physical changes take place. The steam engine will not work without fuel ; without food the human heart ceases to beat, the breast to heave, the muscles to contract, the brain to think.

To keep the living machine in motion, food is required in a given quantity ; if withheld for a certain time, vital action ceases, never to recommence ; and if supplied only to a limited extent, the intensity and mean duration of life are equally diminished. The kind and quantity of food on which life can be sustained for the longest time in the best health, are indicated by the appetite ; and the quantity which all animals consume when the supply is unlimited, furnishes the best measure of their wants.

It is of great public importance to determine accurately the average amount of food that men require, and the extent to which health deteriorates and mortality increases with every degree of degradation in the dietary. Several observations exist, and several standards are adopted, in the public services ; but a physiological problem of so much practical importance deserves full investigation. Of the kind and quantity of food actually consumed at different ages, by different classes and in different circumstances, all over the country, medical practitioners may, with a little trouble, inform the Poor-Law Committee. Nor will it be impossible for them to trace out the connection of bad and insufficient diet with scrofula, dropsies, bowel complaints, fevers and other forms of disease ; or to determine how far diseases are induced, or rendered longer and more dangerous, by low diet. The great fatality of inflammations supervening in a reduced state of the system, has lately been firmly established by Louis. This did not, moreover, escape the Greeks, who studied diet with more assiduity than drugs.

The English and French troops supply themselves with food ; but lest they should reduce their strength by not procuring sufficient solid substance, each man is supplied with rations of bread and butcher's meat, at a low, fixed price. The military rations in England are 16 ounces of bread, and 16 ounces of beef or mutton, daily. In France they are 8½

ounces of butcher's meat, and 26 ounces of bread. Vegetables, and other less important articles, they procure themselves. If one fourth be taken from the meat for loss in cooking, the French rations will contain, according to Dalton's mode of calculation, 11 ounces of carbon; the English will lose 10.8 ounces; but the English soldier has 3 ounces of nitrogen in his meat. The work-house dietaries vary considerably. The Dudley and City of London dietaries are instances, as will be observed in the following statements:—

DUDLEY UNION DIET TABLE FOR ABLE-BODIED MALE PAUPERS.

"On three days of every week:—21 ounces of bread, $3\frac{1}{2}$ ounces of cheese, and $1\frac{1}{2}$ pint of gruel, per diem.

"On one other day:—20 ounces of bread, $1\frac{1}{2}$ ounce of cheese, $1\frac{1}{2}$ pint of soup, and $1\frac{1}{2}$ pint of gruel.

"On two other days:—5 ounces of cooked meat, 1 pound of potatoes or other vegetables, 14 ounces of bread, $1\frac{1}{2}$ ounce of cheese, and $1\frac{1}{2}$ pint of gruel.

"On one other day:—4 ounces of bacon, 1 pound of potatoes or other vegetables, 14 ounces of bread, $1\frac{1}{2}$ ounce of cheese, and $1\frac{1}{2}$ pint of gruel."

THE CITY OF LONDON UNION DIET TABLE FOR MALE ADULTS.

"On three days in the week, daily, 7 ounces of cooked meat, beef or mutton; $\frac{3}{4}$ of a pound of vegetables, 1 pound of bread, 2 ounces of cheese, $\frac{1}{2}$ pint of milk porridge, a pint of beer at dinner and a pint at supper.

"On three other days (instead of meat), $1\frac{1}{2}$ pint of soup (made on a good allowance of materials), and a single pint of beer. Other articles (except vegetables), the same as on the three former.

"On remaining day, instead of meat or soup, 1 pound of suet pudding; or, boiled rice, with milk and sugar; a pint of beer at dinner and a pint at supper. Other articles the same as the last mentioned three days."

The Dudley guardians declared the former dietary to be insufficient for the miners and forgers in their district, and adopted the same dietary as the City of London. The Dudley dietary may be best examined in the subjoined form:

	Weekly oz.	Daily average.	Carbon oz.	Nitrogen oz.
Bread - - - -	125	18	5.4	
Oatmeal (for gruel) -	14	2	.5	
Potatoes - - - -	48	7	.8	
Meat, bacon, cheese -	29	4	2.0	1.0
	<hr/> 216	<hr/> 31	<hr/> 8.7	<hr/> 1.0

The Dudley dietary contains nearly $8\frac{3}{4}$ ounces of carbon, or three fourths of the carbon in Dr. Dalton's diet and the military rations. The workhouse diet would furnish 75 per cent. of the ordinary quantity of carbonic acid formed in the human machine. When this matter was discussed, recently, in the House of Lords, the opinion of a physician was cited on the subject of the dietary; and Lord Melbourne met the

arguments of the Bishop of Exeter by a denunciation, not only of this opinion in particular, but of medical opinions generally:—

“With respect to the case of Dudley itself,” his lordship said, “he was not prepared to go into a discussion of it. Thus much, however, he must say, that he had no great opinion of the views of medical men on a subject of this kind; their sentiments on a question of this nature were, in his judgment, the worst that could be attended to. A medical man was more conversant with a fit and proper diet for sick persons than for those who were in health, and every body knew that even with reference to that, medical men differed very widely in their views and opinions, and in his (Viscount Melbourne’s) judgment the best test for such a dietary was the test of experience.”

If Lord Melbourne had said that the opinions of military or naval men in professional matters were contradictory, and of no value—if he had used the same language with reference to lawyers, or parsons, twenty noble lords would have been on their legs in a moment to protest against the gratuitous attack. The Premier’s sarcasm in the present case was unprovoked, and sure to meet with no retort; but was the statement just? Cervantes narrates a story in which the governor of a certain island, seated at the dinner table, was highly incensed with one Dr. Pedro Positive, who waved a white wand, and motioned away every delicacy which his Excellency selected. Governor Panza consigned the doctor forthwith to a dungeon, and addressed him (not his profession) in unmeasured terms of condemnation as a conspirator against his life. It is easy to conceive a Prime Minister under such circumstances, hard pressed and mortified, giving vent to the taunt ascribed to Lord Melbourne. But no doctor in the House of Lords attempted to place a restraint on the Premier’s appetite, or to say that he should not have any morceau that he might fancy, from a truffle to a *rognon broché*. The only declaration made was, that the poor men in the workhouse of Dudley were not allowed sufficient food to sustain health—a humane and timely announcement. Lord Radnor is reported to have said, in the same debate, that—

“He could not at present compare the diet of a man in the workhouse with the diet of a man employed, in full labor, at Dudley; but he was prepared with a comparison between the diet a man received in the Dudley workhouse, and that of certain persons who had undergone sufferings of no ordinary kind. He (Lord Radnor) begged to contrast the diet which the Dudley men, in the workhouse, consumed, with that which had been consumed by an adventurous body of men who had been subjected to much heavier labors—he alluded to the crew of Capt. Parry in their expedition to the North Pole. Each man in that expedition, in the most inclement season, and at the highest latitude they had reached, had less food, by several ounces, than the Dudley paupers; even the female pauper in Dudley workhouse had 20 per cent. more solid food a week than each man received in that northern expedition, commanded by Capt. Parry. He (Lord Radnor) could not but consider the complaint, contained in the petition, perfectly groundless.”

The “Voyages” of Captain Parry are fraught with interesting phy-

siological facts, and in all the voyages that he made, the subject of food received special attention. Captain Parry, in his published works, dwells on the unbounded liberality with which all the supplies were furnished, by the Government, for his crew.

Lord Radnor refers to the short period of 61 days spent in the boats and on the ice, in the *inclement season* extending from June 22 to August 21, 1827. Twenty-eight men, including Captain Parry, attempted to approach the North Pole; they had to carry their provisions; the least possible quantity was taken; it was a *tour de force*, made by strong, hardy-bodied men. Provision was taken for seventy-one days. The daily allowance for each man was biscuit, made by Mr. Lemann, 10 ounces; beef pemmican, 9 ounces; sweetened cocoa powder, 1 ounce; rum, 1 gill; with 3 ounces of tobacco weekly. Pemmican is made by drying thin slices of meat over the smoke of wood fires; pounding it, and then mixing it with nearly an equal weight of its own fat. An excellent thing is that pemmican. It contains a large proportion of nutriment in a small compass. The 21 ounces contained little less than 11 ounces of carbon, besides 2 ounces of nitrogen, without taking into account the carbon in a gill of concentrated rum. Five pounds of flour will scarcely make 5 pounds of biscuit, while it will make 7 pounds of common bread. In Lord Radnor's calculation, biscuit is confounded with bread, and pemmican with potatoes. The allowance, however, on this short expedition, was found to be insufficient, as will be seen in the following extracts from the journal of the voyage.

"June 22nd. The expedition started.

"July 6th. We served out an extra ounce of bread, and one of pemmican for supper; an addition to the allowance which we were frequently obliged to make afterwards, to prevent our going to bed hungry."

—P. 74.

The travellers met with several helps by the way.

"July 9th. We again allowed ourselves a hot supper, having shot eight or nine birds since our last."

This only whetted the general hunger, and when a bear appeared on the 1st of August, his flesh was prospectively consigned to the cooking kettle. The prospect was, however, clouded by Bruin's escape. Not so always:—

"August 7th. A fat she-bear crossed over a lane of water to visit us, and was killed by Lieutenant Ross. Before the animal had done biting the snow, one of the men was alongside of her, with an open knife, and, being asked what he was about to do, replied, that he was going to cut out her heart and liver to put into the pot, which happened to be then boiling for our supper. In short, before the bear had been dead an hour, all of us were employed, to our great satisfaction, in discussing the merits, not only of the said heart and liver, but a pound, per man, of the flesh; *besides which, some or other of the men were constantly frying steaks during the whole of the day, over a large fire made of the blubber.*"

We beg the reader to glance, with Lord Radnor, from "this adventurous body of men" to the Dudley workhouse, where forgo men are,

or were, luxuriating on 18 ounces of bread, 7 ounces of potatoes, and 4 ounces of hard cheese, meat or bacon, with water gruel, daily :—

“Notwithstanding these excesses at first, we were really thankful for this additional supply of meat; *for we had observed, for some time past, that the men were evidently not so strong as before, and would be the better for more sustenance.*”—P. 115.

“August 10th. Another bear came towards the boats, and was killed. We were now so abundantly supplied with meat, that the men would have eaten again immediately, had not the necessary authority interposed to prevent them. As it was, our encampment became so like an Esquimaux establishment, that we were obliged to shift our place, in the course of the day, for the sake of cleanliness and comfort.”—P. 117.

“August 11th. We quitted the ice, after having taken up our abode upon it forty-eight days.

“August 21st. We were received on board after sixty-one days’ (not seventy-one) absence.”

As in the experiments, so here, the men did not immediately recover when the supply of food was abundant.

“We had all become, in a certain degree, gradually weaker for some time past; but only three men of our party now required medical care, two of them *with badly swelled legs, and general debility*, and the other from a bruise.”

On Monday last Lord Radnor stated, in the House of Lords, that a number of paupers in the Dudley workhouse fell sick; and that a suspicion arose that the illness was simply dyspepsia, caused by over-feeding!!

MERCURY.

FROM SIGMOND’S LECTURES ON THE MATERIA MEDICA.

[Continued from page 363.]

THE two salts formed by the combination of chlorine with mercury, are those to which I shall at present call your attention, because they are the most important preparations of that metal which are employed, and have been the subject of the most earnest investigations both by chemists and physicians. Hydrargyri chloridum of the present Pharmacopœia is the submurias hydrargyri, the murias hydrargyri mitis, the mercurias dulcis sublimatus, the calomelas, the protochloridum hydrargyri of other pharmacopœias, and the well-known calomel in common acceptation; it is composed of one equivalent of mercury and one equivalent of chlorine. The hydrargyri bichloridum is the hydrargyri oxymurias, the hydrargyri muriatus, the mercurius corrosivus sublimatus, the deuto-chloridum of different pharmacopœias, and the corrosive sublimate of the old English dispensaries, and is composed of two equivalents of chlorine and one of mercury. Nothing can be more injudicious than the great number of alterations which have taken place in the nomenclature of chemistry, and no salts have undergone such a variety

of changes as these have done, to the great inconvenience of medical science and to the detriment of society. Professor Brande has very properly observed—"It is very inconvenient to alter pharmaceutical terms, according to the changes in chemical nomenclature; and as physicians in practice have not come to accord on this particular, I can see no objection to the term calomel for one substance, and corrosive sublimate for the other, pharmaceutically speaking." It is a subject of great regret that the attempt should be made, because it can never be successful; for some chemists call calomel protochloride, others chloride, and some denominate sublimate, perchloride, others deutochloride, and others again—as does the Royal College of Physicians—bichloride. As physicians have not yet generally made the alteration in their prescriptions, no accidents have, as yet, occurred; but I shall not be surprised, notwithstanding the increased intelligence of those who make up medicines, if mistakes be made. In Paris, a physician prescribed four grains of the protochloride for three children, the eldest of whom was seven years of age; the apprentice committed the fatal error of using corrosive sublimate, the consequence of which was, the unhappy father was, in one day, rendered childless. The young man, who was thus the instrument of death, was sentenced to a month's imprisonment, and condemned to pay 2000 francs to the father. Nor did the master of the youth escape punishment, for he was ordered to pay the same sum to the father, and likewise a penalty of fifty francs for not keeping a poison under lock and key. But in Brussels a still more extraordinary circumstance took place. Dr. Sentes, a physician of very high character and long standing, prescribed for the child of a friend in this manner:—*Murias hydrargyri*, gr. iij. The apothecary, on whom Dr. Sentes called, made up a packet containing three grains of corrosive sublimate, and he himself placed it in the hands of the doctor, making no observation. The latter gentleman mixed the powder with syrup and gave it to the child, whose death it produced, with all the symptoms usually attendant upon this poison. The family prosecuted the physician, but the court at Brussels declared that there was no cause for proceedings. On the appeal, however, of the Attorney-General, the affair was referred to another tribunal, and M. de Fontenelle, of Paris, was appointed to decide what is the *murias hydrargyri*. In some of the older dispensaries, calomel was called the mild muriate, in contradistinction to the corrosive. It was expressed, *hydrargyrum muriatum mitius*, whilst the corrosive sublimate was called *hydrargyrum muriatum*. You may imagine that carelessness might produce mischief in prescribing and omitting the word *mitius*; but what are we to think of the care and accuracy of the learned men of the day, if there was actually an edition allowed to go out to the profession with the omission of this most important word? Such, however, is recorded to have been the case.

The alchemists, in their vain attempts to discover the philosopher's stone, made various experiments with the spirit of sea-salt, the hydrochloric acid of the present day, upon mercury, and they discovered and gave descriptions of the two preparations upon which pharmaco-

logists afterwards made their various experiments. Bergmann examined them with great minuteness, but he arrived at no sound conclusions; he neither ascertained their chemical constitution nor did he comprehend the difference between them. It is to the French chemist, Berthollet, we are indebted for the knowledge we possess of their distinctive characters, and the state of combination of the acid and the metal; it is upon the oxide of the metal, and not upon the mercury itself, that the acid exerts its power.

Various have been the processes for forming these two salts. Bergmann has described a great number. The present formula of the Pharmacopœia is founded upon the old process of Kunckel, which was revived by Boulduc, and is said to afford the purest bichloride of mercury. It is thus given:—Take of mercury two pounds, sulphuric acid three pounds, chloride of sodium a pound and a half; boil the mercury with the sulphuric acid in a proper vessel, until the bipersulphate of mercury remains dry; rub this, when it is cold, with the chloride of sodium in an earthen mortar; then sublime with a heat gradually raised. In this instance, after the sublimation of the bichloride of mercury, pure sulphate of soda remains only at the bottom. Fourcroy has pointed out other preparations, such as the one from the mixture of equal parts of sulphate of iron and chloride of sodium, acted upon by violent heat, which is still followed in the large manufactories of Holland; another, which is very quickly performed, and does not expose the persons employed to the danger from vapor, is the pouring hydrochloric acid upon a nitric solution of the metal and evaporating the liquor; the acid of the nitre disengages itself in the form of vapor, and the liquid, when cooled, deposits regular and pure crystals of corrosive sublimate. These are in form of a number of needles lying close to each other, appearing to be tetrahedral and compressed. There seem to be various shaped crystals obtained, but Mr. Phillips says, the cleavages in the crystals of this substance are parallel to the lateral and to the terminal planes of a right rhombic prism of 93 degrees 44 minutes, which, therefore, may be regarded as the primary form. Physicians and chemists have compared the terminal points to the beards of feathers and to sword blades, and explained the effects of corrosive sublimate upon the animal economy by their mechanical action; and Dr. Mead thus gives his theory:—“These crystals are to be considered as so many sharp knives, or daggers, wounding and stabbing the tender coats of the stomach, and abrading their natural mucus, and irritating their nervous lining, upon which convulsions and vomitings, with excessive pain, must follow, and the bloodvessels being, at the same time, parched, all the adjacent parts will be inflamed.” It liquefies by heat; it possesses a considerable degree of volatility, from which circumstance, and its corroding power, it received the name of corrosive sublimate. It is completely soluble in water and in sulphuric æther. The notes of the Pharmacopœia observe, “that whatever is thrown down from water, either by solution of potash or lime water, is of a reddish color; or, if a sufficient quantity be added, it is yellow: this yellow substance, by heat, emits oxygen, and runs into globules of mercury. Its composition is not changed by

the action of air, but it loses, upon exposure, some degree of its transparency, becomes white, opaque and pulverulent. If placed upon the tongue, it has a *styptic*, strong, and even horrible taste, leaving, for some time, a most disagreeable sensation in the mouth. If this be propagated to the fauces and larynx there is a strangulating sensation which remains for a considerable length of time ; so that no one could swallow it in any form capable of irritating the stomach without being aware of it ; hence an attempt to poison by it must at all times be known.

The immediate sensation thus conveyed has, indeed, upon more than one occasion, prevented fatal consequences, and this was the case with the celebrated chemist Thenard, who, whilst delivering his lecture, inadvertently swallowed a small quantity of a solution which he mistook for water contained in a similar glass, from which he was in the habit of refreshing his mouth. He immediately perceived his error, and as it was a concentrated solution of corrosive sublimate, great alarm was excited ; but as the discovery of Orfila had been recently made of the power of white of eggs as an antidote, he immediately procured some, and was fortunate enough, by such means, to escape injury. A similar case is recorded where a gentleman, by mistake, drank a portion of an alcoholic solution of the mineral, but was so alarmed at the taste that he did not finish it. He was, however, seized with a sense of tightness in the throat, burning at the stomach and purging. Orfila saw him two hours afterwards, when the symptoms had acquired the greatest severity ; they were, however, mitigated, and the patient ultimately saved by the administration of the white of egg, which converts the corrosive sublimate into calomel. Peschier states that the white of one egg will render no less than four grains of corrosive sublimate innocuous. The action upon the stomach and intestines of this violent poison is of the most distressing and agonizing character, and hence this warning of danger becomes of the greatest consequence. The sensations in the throat and gullet, and the constriction, are almost diagnostic symptoms, and they sometimes continue throughout the stages, and mortification of the throat has been known to be the principal injury sustained, where attempts have been made vainly to swallow this salt in its solid state. The intestinal canal exhibits, after death, the ravages that have been committed ; they are corroded, rendered sphacelous, and parts which have been touched by it fall off in gangrenous sloughs. The older chemists, who were fully acquainted with the terrible effects of this preparation, ascribed, without reason, its power to the presence of the hydrochloric acid. For the best details of the poisonous influence of corrosive sublimate, and for the destructive characters by which you are to judge of the power you possess of discriminating it from arsenic or from the hydrochloric acid, I must refer you to the best book in our language upon poisons, that of Dr. Christison, which is the text-book for any course of lectures on medical jurisprudence embracing the important branch of toxicology.

The usual dose which practitioners employ is at first the eighth of a grain, which has been increased to a quarter of a grain, and it is generally given in the form of a pill made with crumb of bread ; it is like-

wise given in solution, and there is in the Pharmacopœia a solution of bichloride of mercury, the liquor hydrargyri bichloridi, which is composed of ten grains of the bichloride and a similar quantity of hydrochlorate of mercury dissolved in a pint of distilled water, so that each ounce contains a half a grain of the salt; in the former directions spirit was ordered to be added, but the muriate or hydrochlorate of ammonia is now preferred for increasing the solvent power of the fluid; the dose of this is from half a drachm to two drachms. Some people are so exceedingly sensitive that a very minute quantity of this preparation will produce the most alarming symptoms; it therefore demands very great care and attention in prescribing it. Three grains of corrosive sublimate, divided into three doses, and taken at long intervals, have been the cause of profuse salivation; at the same time recovery has taken place from actual poisoning, where enormous doses have been taken; it is recorded that as much as half an ounce was swallowed, that both bloody vomiting and purging ensued, but that the individual escaped with life. The very extraordinary property possessed by the bichloride of mercury of entering into union with liquid mercury was very early known to the alchemists, but the preparation which is the result, and which I have now to speak to you of, under the name of chloride of mercury or calomel, was not known, as it has been stated, to Paracelsus, although it has been called his laudanum. There were two laudanums called after that extraordinary man, one was redoxide of mercury; the other composed of chloride of antimony and other ingredients; the recipe is extant. Which of the two was the one that has obtained the great reputation I know not, but its character was owing to a cure effected by him, and loudly spoken of throughout Europe. Albertus Basa, physician to the King of Poland, consulted Paracelsus, when he was Professor at the University of Basle, upon the case of a patient. The Professor went to his bed-side and found him in the last stage of exhaustion, and the Polish physician declared it impossible to keep him many hours alive. Paracelsus gave the dying man three drops of his laudanum, and invited him to dine the following day, to the great astonishment of the persons surrounding him. The invitation was accepted, and the patient actually dined with his physician. The preparation of the mild muriate, or chloride of mercury, was kept a profound secret. Oswald Crollius, a Rosicrucian of great enthusiasm, boasts, in his "*Basilica Chemica*," that he can keep the secret concealed. Angelus Sela seems to have been acquainted, however, with it, and speaks even of its medical properties. In 1608, Beguin, in his "*Tyroconium Chemicum*," describes it with great accuracy, and calls it *draco mitigatus*. It appears to have obtained a vast variety of names; it is said to have been called calomel from the Greek word signifying handsome black, as it was prepared by a black slave of singular beauty; it was also named "*draco mitigatus*," "*aquila mitigata*," from the mildness which it was supposed to communicate to corrosive sublimate, the *draco ferox*. It was also known under the names of "*manna metallorum panacea*," "*panchymagoga quercetani*."

[To be continued.]

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CEMETERIES OF BOSTON.

BURIAL fields, which our forefathers supposed they had located, in most instances, in the outskirts of towns, in the progress of ages, in nearly all the oldest cities in this country, are now in the very midst of the living. Had these pioneers of civilization in the wilderness of America, who were proverbially wise in whatever regarded the liberty, health and general prosperity of the people, contemplated the future growth of cities out of the small beginnings of a cluster of fishing huts, they would undoubtedly have buried their dead beyond the probable boundaries of a dense population. But since these sacred resting places of those who have gone down to the grave, are now surrounded by our dwellings, and both custom and law still favor the accumulation of bodies in these great receptacles, it is important that we should practise the best possible system of sanitary police in regard to them, with reference to the wellbeing of those residing in their vicinity. It is no part of our design to discuss the question, often adverted to in this Journal, about the propriety or expediency of interdicting burials in cities altogether ; although we unhesitatingly declare that it is high time a legislative act should forever forbid another interment within the twelve wards of the metropolis of New England.

If anything can obviate the bad effects which a vast mass of putrescent animal matter, in various stages of decomposition, has a tendency to produce, the measures now in successful operation, in Boston, offer a partially counteracting influence. We allude particularly to the refined taste of planting a multitude of trees and shrubbery among the tombs. The Granary presents a delightful aspect, with its waving foliage. How much it may modify the character of the exhalations arising from hundreds of deep, dark, humid vaults, cannot be estimated. That something is produced, favorable to the condition of the living, will not be denied. Nearly all the old yards, with the single exception of the one here alluded to, are truly sear and barren places, naked and treeless, and therefore the more to be feared.

Under the judicious management of Mr. Hewes, the new cemetery on the Neck, between Roxbury and Boston, exhibits, in gratifying combinations, the skill of an artist and the discretion of a philosopher. The tombs being partially above ground, a rapid escape of noxious effluvia takes place, which in all the others is sealed up in pits, to be let loose, by the sexton, in volumes whenever one of them is opened. Next, the Southend cemetery is not only elegantly laid out in squares, divided by lanes, beautifully bordered with an infinitude of elegant flowers, but a rich variety of thrifty trees cluster together over the neatly swept paths, which actually renders them delightful walks, wholly divested of the ordinary gloom that pertains to the habitations of the dead. This beautiful enclosure should be visited to be appreciated—and it should be protected, too, by the municipal authorities, and always be in the process of being made better and more highly ornamented.

The superintendent of burial grounds, while exerting himself to produce a specimen of what a cemetery should be in town, if one is to be tolerated, has unconsciously raised a chaste and beautiful monument to his own memory.

The Philosophy of Medicine.—Dr. Ticknor's excellent production, which was the subject of a former notice in this place, several weeks ago, seems to be gaining admirers amongst a class of readers which would gratify the pride of any author. As it was not exclusively fitted to the precise meridian of medical men, but made plain to the understanding of every order, its success, as a standard work, is no longer involved in doubt. To undeceive the deceived multitudes who are cajoled by a high-handed phalanx of empirics, and show them clearly how egregiously they are imposed upon by knaves, who build up splendid fortunes by the sale of secret mixtures called medicines, which the inventors would never think of swallowing themselves, is, indeed, a bold and philanthropic undertaking. The more we study Dr. Ticknor's plan of reasoning, the more we are convinced of its being the only method which has been devised for eventually overthrowing the nefarious quackery of this country. Intelligent people are those which he addresses; and from such alone is that influence to radiate which must ultimately revolutionize the popular vulgar opinion. Should another edition be demanded—and there can scarcely be a doubt of it—we should, above all things, admire to see Brandreth and Evans, of New York, the two emperors of modern quacks, whose increasing riches are drawn from fools, dressed in appropriate costume.

Diseases of the Teeth.—From the press of Messrs. Gould & Newman, of New York, we have been presented with a plain, sensibly-written octavo treatise, of ninety-six pages, entitled "Observations on the Structure, Physiology, Anatomy and Diseases of the Teeth," in two parts—the first by Harvey Burdell, M.D., and the second by John Burdell, dentist. In the first place, the book presents a popular view of all that is known about the diseases of these necessary, indispensably necessary organs, and rends the veil which has enveloped the whole mystery of the manufacture of the incorruptible mineral teeth, about which some of the least scientific operative dentists have been quacking half a dozen years, as a pretext for enormous charges, on account of the terrible expense of making them. Part second is by far the most valuable division of the book—full of drawings and sterling practical remarks. If five or six thousand could be distributed through the country and introduced into families, much benefit would be derived from the perusal. Not one of a thousand have the least kind of knowledge in relation to the structure or diseases of the teeth; nor does the dentist reach one in ten thousand, in the interior of the country, who would be essentially benefited by this excellent and seasonable production. It is valuable above almost any manual of the kind we have seen for a long time, because it shows, to the most common understanding, how the teeth may be preserved in good condition in childhood and age.

Medical Doings in Congress.—For the purpose of showing the untiring obtrusiveness of the Thomsonian steamers, the following sketch of

the mode in which an effort was made to steal a march on Congress, whilst legislating, recently, for the District of Columbia, is given in detail—a scrap worth preservation for future historical reference.

After acting upon a number of private bills, the House took up the bill to revive an act to incorporate the Medical Society of the District of Columbia.

A motion was made to lay this bill on the table.

Petrikin hoped that that motion would be withdrawn to enable him to present a remonstrance against the bill, which he took from his pocket. [A general laugh.]

The chair said that such a proceeding would not be regular.

The amendments proposed being read,

Petrikin asked to have the remonstrance he had alluded to read also. This was refused.

Mr. P. then opposed the bill. He had practised medicine for twenty-one years, and he would like the people of the country to know who were for establishing monopolies, and who were not. Mr. P. then proceeded to read the remonstrance he held in his hand, which, so far as the reporter could hear its contents, appeared to be a defence of the Botanic or Thomsonian, against the alleged monopoly of the regular, system.

Reed made a few observations in favor of the bill. It was proper to protect the people of the District against the humbuggery of quack doctors.

Bouldin, Chairman of the Committee on District Affairs, said a few words in favor of the bill.

Taylor made some statements in relation to the danger of unlicensed and uneducated practitioners of medicine, and offered an amendment to the bill, requiring of the practitioner to produce a certificate of having gone through a proper course of medical study.

Boon was opposed to what he called this abominably aristocratic bill. Nine-tenths of the time he had rather trust himself in the hands of an old woman with her herbs, than in those of the regular practitioners.

After a few words in support of the bill by Mallory, the amendments were concurred in.

An ineffectual attempt was made to lay the bill on the table.

The bill was then ordered to be read a third time, Petrikin having failed to obtain the yeas and nays.

Having been read a third time, the bill was passed.

Catalogues of Medical Colleges wanted.—If some member of the faculty of each of the following medical institutions will have the goodness to forward to the address of the Boston Medical and Surgical Journal—with all the necessary corrections where there have been new appointments or recent resignations—the last printed catalogues, it will very greatly oblige :—University of Pennsylvania, Philadelphia ; College of Physicians and Surgeons, New York ; Dartmouth College, Hanover, N. H. ; University of Maryland, Baltimore ; College of Physicians and Surgeons of the Western District, Fairfield, N. Y. ; Medical Institution of Yale College, New Haven, Conn. ; Transylvania Medical Institution, Lexington, Ky. ; Medical College of Ohio, Cincinnati ; Vermont Medical Academy, Castleton ; Medical School of Maine, Brunswick ; Medical College of South Carolina, Charleston ; Jefferson Medical College, Philadelphia ; University Medical School of Virginia, Char-

lottesville ; Washington Medical College, Baltimore, Md. ; Medical College of Georgia, Augusta ; Medical College of Louisiana, New Orleans ; Medical Institution of Geneva College, Geneva, N. Y. ; Medical Department of Cincinnati College, Cincinnati, Ohio ; Vermont Medical College, Woodstock, Vt. ; Willoughby Medical Department, Chagrine, Ohio.

The day the lecture term commences, the price of each professor's ticket, matriculation fee, duration of the course, the cost of graduation, and the time degrees are conferred, are also items of importance. Unless the above information is transmitted within a few weeks, it can be of no service. It is important to the interest of each institution that the editor of the Journal should be in possession of the facts.

Milk Sickness.—The Governor of Kentucky has offered a premium of \$1000 for the discovery of the origin of a disease bearing the above cognomen, in that State, represented to be as malignant as the cholera—having already destroyed hundreds. It has appeared also in Indiana and Ohio.

Climate of New York, Massachusetts and Vermont.—Our old friend Dr. J. A. Gallup, has this season had an opportunity of witnessing the difference in time of the expansion of the apple blossom (which probably indicates correctly the difference in seasons) on the western side of Long Island, in Northampton, and in Woodstock. In the first place the blossoms were fully expanded on the 16th of May, in Northampton on the 22d of May, and in Woodstock on the 4th of June—making a difference of eighteen days between the expansion at Long Island and Woodstock, and six days between that at Northampton and Long Island.

Mode of obtaining Creosote.—The following is an economical method of obtaining creosote, proposed by M. Cozzi. A quantity of tar is distilled in an alembic, and the products collected in a cylindrical vessel half filled with water. The products are acetic acid, eussion, parafin, and creosote, which latter is recognized by its specific gravity. The impure creosote is isolated from the other products by means of a syphon, and on this being done sulphuric acid, weakened with one half water, is added ; the creosote now mounts to the surface of this fluid, which is warmed by an admixture of boiling dilute sulphuric acid, and the supernatant fluid is drawn off and placed in an open-mouthed bottle, one-third filled. This is exposed to the air for three days, and the product again distilled, when a reddish fluid is obtained. The latter having been treated thrice in a similar manner furnished pure creosote, limpid as water, of 1.007 specific gravity, and boiling at 205 degrees R.—*Journal de Chem. Med.*, May, 1838.

Tubercles.—It has not yet been proved that the presence of tubercles in the lungs of children, even to a considerable degree, presents a contra-indication to the performance of capital operations. M. Ruzf has seen amputations of the leg and thigh in children, succeed very well, although persons well exercised in the practice of auscultation had discovered tubercles in the lungs.—*Lancet*.

TO CORRESPONDENTS.—Dr. Toothaker requests us to state that No. 10 of his articles on Medical Botany will be delayed a week or two, for the further examination of a specimen lately received by him from a gentleman in the western part of the State.

Whole number of deaths in Boston for the week ending July 14, 24. Males, 9—females, 15.

Consumption, 4—croup, 1—liver complaint, 1—typhous fever, 1—dropsy on the brain, 1—old age, 2—infantile, 1—lung fever, 1—intemperance, 2—pericarditis, 1—fits, 1—drinking cold water, 1—scrofula, 1—apoplexy, 1—scarlet fever, 1—cancer of the womb, 1—hooping cough, 1—stillborn, 1.

BERKSHIRE MEDICAL INSTITUTION.

The annual Course of Lectures for 1838, in this Institution, will commence on the 23d of August (the last Thursday but one in the month) and continue thirteen weeks.

The pre-requisites for admission to an examination for the Degree of Doctor of Medicine are, three full years' study under a regular practitioner of medicine; attendance on two full courses of medical lectures, one of which must have been at this school; a defensible thesis on some subject connected with medical Science; an adequate knowledge of the Latin language, and a good moral character. Gentlemen who intend to present themselves as candidates for a Degree are particularly requested to procure full and formal certificates of time.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead from all violation.

Theory and Practice of Medicine, by	- - - - -	HENRY H. CHILDS, M.D.
Botany, Chemistry and Natural Philosophy, by	- - - - -	CHESTER DEWEY, M.D.
Principles and Practice of Surgery, by	- - - - -	WILLARD PARKER, M.D.
Materia Medica and Pathological Anatomy, by	- - - - -	ELISHA BARTLETT, M.D.
Obstetrics, by	- - - - -	DAVID PALMER, M.D.
Anatomy and Physiology, by	- - - - -	ROBERT WATTS, JR., M.D.
Legal Medicine, by	- - - - -	HENRY HUBBARD, Esq.

Fee for the Course of Lectures, \$50. Fee for those who have already attended two full courses at an incorporated medical school, \$10. Graduation fee, \$13. Fellows of the Massachusetts Medical Society, and others who have received the Degree of Doctor of Medicine, are admitted gratuitously to the lectures.

R. WATTS, JR., *Dean of the Faculty.*

Pittsfield, Mass., 20th June, 1838.

tAug23

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica, - - - - -	DR. WARE.
On the Principles and Practice of Surgery, - - - - -	DR. OTIS.
On Anatomy, - - - - -	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Oct. 18—1f

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WENSLOW LEWIS, JR.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week. Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

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HENRY G. CLARK, M.D.
JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
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[NO. 25.]

DR. MARSHALL HALL ON PHTHISIS.

HAVING described the *acute* and the *chronic* diseases of the lungs, I now proceed to treat of that sad and calamitous disease which is so generally characterized by its *insidious* character, viz., Phthisis.

I have already, in treating of *tubercle*,* laid before you that part of the manuscript confided to me by M. Louis, which treats of the *morbid anatomy*; I shall on the present occasion have to introduce to you M. Louis's observations relative to the *symptoms* and *diagnosis* of this disease.

I must take this opportunity of repeating to you my unbounded admiration of M. Louis's labors. I regard him as, without exception, and without comparison, the first physician of this or any age, and of any nation. His character I may designate as truly English, in the best sense of that word, and as *very* unlike that of certain editors of certain journals. M. Louis is a *lover of truth*. He is conscientious, nay, scrupulous, in all that he does. His cases may claim your most implicit confidence, as being taken with the strictest attention to correctness, and his deductions and statements, as being made with the strictest attention to accuracy and truth. His *method* is the *basis* upon which the science of medicine must henceforth be founded; to observe, to collect facts; to analyse, to compare these facts, and to deduce from them numerical results—such is M. Louis's system. But then who can observe as M. Louis observes, who can analyse as he analyses? The unwearied industry, the unexampled care and caution of this extraordinary man, may serve us as models for our imitation, however, whilst we freely confess that we despair of doing more.

I shall begin the subject by my usual brief detail of the *causes*, *symptoms*, *diagnosis* and *treatment*, and I shall then subjoin M. Louis's remarks.

I.—ULCERATION OF THE LARYNX, &c.

1. *The History*.—This affection is of the most insidious character, and generally occurs without any obvious external cause.

2. *The Symptoms* of ulceration of the larynx are hoarseness and hoarse cough, with the expectoration of mixed, limpid and puriform mucus, frequently dotted or streaked with blood. The hoarseness,

* See the first Nos. of this Vol. of the Journal.

cough and expectoration augment. Difficulty or imperfection in swallowing is added to the other symptoms; the patient frequently becomes choked in the act of deglutition, or the food is propelled through the nostrils.

Hectic and emaciation eventually take place, frequently with all the symptoms of phthisis.

3. The most important *diagnosis* in practice is that between ulceration and chronic inflammation of the larynx; the former is always *tuberculous*, or syphilitic; in ulceration there are loss of voice, hoarseness, hoarse cough, imperfect deglutition, frequent pulse, *hectic*; in inflammation, a sense of constriction, croupy cough, attacks of dyspnoea, &c.

4. *The Morbid Anatomy* combines ulcerative destruction of some parts of the larynx, with tubercles of the lungs, and frequently of other organs.

II.—TUBERCLES.

1. *The History*.—Phthisis is usually very insidious, slow and gradual in its progress and termination. In other instances its commencement and progress are more rapid, and its termination may be sudden and unexpected in any period of its course. The exciting causes are sometimes undetected; in other instances exposure to cold, the debility left by some acute disease, by mercury, &c., are its obvious causes. Phthisis is distinctly an hereditary or family disease; it is also an effect of scanty or impure nourishment.

2. *The Symptoms*.—The general symptoms of tuberculous diseases have been already fully detailed, and the local symptoms of phthisis. To the account there given I may add, that a slight cough, a slight shortness of breath on moving quickly or ascending the stairs—an expectoration with a *dot* or a *streak* of blood—a little appearance of pallor, or thinness—a pulse of 90 when the patient is asleep, or at least quiet in bed, are, with hereditary predisposition, a glandular enlargement, &c., amongst the first symptoms of this insidious disease, any one of which should *excite* our immediate attention, if not our alarm.

The Local Signs vary with the stage and state of the pulmonary disease. This may subsist in the following forms:—

a. *Tubercles*.—1, crude; 2, softened.

b. *Excavation*.—1, small; 2, large; 3, superficial; 4, deep-seated; 5, bursting into (1) the bronchia, (2) the pleura.

1. In accumulations of the crude tubercles, there is occasionally a perceptible diminution of sound on percussion, and diffuse bronchophony, especially immediately under the clavicle and in the axilla, and especially on the right side.

2. As the tubercles soften a gurgling is heard, a mucous rattle is gradually established, and the cough becomes cavernous.

As a cavity forms, and becomes emptied, the respiration and rattle become cavernous, and the bronchophony passes into pectoriloquy, at first imperfect, and then more evident; and the sound of the chest may sometimes, though but rarely, become clearer. Pectoriloquy is a most distinct diagnostic; it may be perfect, imperfect, or doubtful, intermit-

ting or permanent. When the cavity is superficial, there is sometimes the sound of cracked porcelain—the “bruit de pot fêlé.”

When the cavity is extremely large there is no pectoriloquy ; but the voice, cough and respiration are attended by the amphoric resonance, and sometimes there is the metallic tinkling.

When the cavity suddenly bursts into the bronchia, there is the sudden expectoration of a large quantity of puriform fluid ; when it bursts into the cavity of the pleura, there is frequently sudden, acute pleuritis, and, more remotely, pneumo-thorax.

3. *The Complications* of phthisis present a most interesting subject for enumeration ; they may be divided into several classes. The *first* is nearly peculiar to phthisis, and embraces—

1, ulcerations of the epiglottis, the larynx and the trachea ; 2, ulcerations of the clustered and solitary glands of the ileum and colon ; 3, the fatty enlargement of the liver.

The *second* class consists of lesions which are only extremely frequent, and not peculiar to phthisis ; they are—

1, pleuritis ; 2, pneumonia.

There is a *third* class of complications of phthisis, less frequent ; this consists of—

1, inflammation of the arachnoid, or of the substance of the brain, with effusion or softening ; 2, inflammation and softening of the mucous membrane of the stomach, or colon.

The *fourth* consists of—

1, tuberculous inflammation of the pleura, peritoneum, &c. ; 2, tuberculous inflammation of the lymphatic glands, especially the mesenteric, those of the neck, &c.

The *fifth* class consists of—

Serous effusions into—1, the ventricles ; 2, the pleura ; 3, the pericardium ; 4, the peritoneum.

To complete the view of this subject, it is necessary to add that the heart is sometimes softened, and that the aorta is found red in the young, and more deeply altered in older subjects.

This list of the complications will enable the young physician to anticipate, and to obviate lesions which may, even amidst a disease almost always fatal in itself, fearfully tend to shorten the patient's few remaining days.

Here I introduce

M. LOUIS'S MANUSCRIPT.

(Continued from Medical Journal, page 57.)

“Of 114 patients affected with phthisis, in whom the duration of the malady had been ascertained as exactly as possible, a little more than one fifth died between the first and the sixth month of the affection ; two sixths between the sixth and the twelfth month ; a little less than one fourth between the termination of the first and second years, and a little less than one fifth between the second and the twentieth.

“The age of the patient does not appear to have any influence on the course of the disease, except, indeed, in the cases of acute phthisis ;

but the influence of the sex appears indubitable, a somewhat greater number of females than of males dying within the first year.

“The violence and frequency of the pulse are generally proportionate to the rapidity with which the disease proceeds.

“The transition from the state of crudity of the tubercles to that of their softening and their expectoration, is denoted by a remarkable change in the appearance of the sputa. From being mucous and more or less frothy, they become opaque, greenish, free from air-bubbles, and striated with yellow lines, in greater or less number. These lines, and the fragments of whitish matter (*‘grumeaux’*) which accompany them, disappear after a time. The sputa then become homogeneous, and assume a round form, and are heavy and more or less consistent, and yet do not always sink in water; then fifteen or twenty days before death, but sometimes only four or five, the sputa assume a grayish and dirty aspect, similar to that found in old tubercular excavations, are sometimes mixed with blood, and form a sort of puriform matter.

“These characters of the expectoration were observed in all the patients submitted to my observation except three, in whom the sputa were constantly mucous, frothy, whitish, or very slightly yellow or gray, semi-transparent, without having ever assumed the form of distinct portions.

“In the first period of the disease, when the sputa were mucous and frothy, and when there was neither gurgling nor pectoriloquy, in a word no excavation, they could only proceed from the bronchia; later in the disease they were at once formed of the bronchial secretion and of the matter contained in the cavities. The alteration in their character announces, with gurgling and pectoriloquy, the softening of the tubercles, and their communication with the bronchia. The violent inflammation of the bronchial membrane at this period of the disease, also contributes, with the secretion of the parietes of the cavities, to the change in the expectoration, rendering it opaque, greenish and grayish.

“*Hæmoptysis* took place, in a greater or less degree, in two thirds of the patients, or in 57 cases out of 87; 25 cases out of the 57 had hæmoptisy in a violent form. In its severe, or less severe degree, this symptom sometimes precedes the cough and the expectoration a more or less considerable time; 12 of the 57 cases, or about one fifth, presented this phenomenon.

“Severe hæmoptysis is rare in the last days of the disease, so that I have only observed it four times in this period.

“The hæmoptysis, especially the severe form of it, which precedes the cough, must be considered not as preceding, but as denoting the existence of tubercles; for, with very rare exceptions, violent hæmoptysis is peculiar to the tuberculous subject. The hæmoptysis which precedes the other symptoms of phthisis, is sometimes accompanied by dyspnœa; they take place suddenly, in the midst of apparent health, and without assignable cause.

“Hæmoptysis is more frequent in the female than in the male sex, in the proportion of 3 to 2. The relation of age to hæmoptysis is not the same in the two sexes; it was absent in the third part of the female patients between the ages of 19 and 20; and in the seventh part only

of those between 40 and 65—an event the reverse of that which would have existed if this symptom had been, according to the opinion of some physicians, vicarious of the catamenia. In the men this symptom was equally frequent before and after the age of 40.

“Age seems to be without influence in reference to the degree of the hæmoptysis.

“Hæmoptysis rarely recurs three or four or more times in the course of the disease.

“The *dyspnœa* pursues the course of the original disease, and is rarely excessive, so that I have only seen three patients who were compelled to have their head or their chest raised.

“*Pain* existed in a variable degree and locality in a majority of the cases, so that 22 only out of 110 were entirely without it. This pain, in the greatest number of cases, was proportioned to the adhesions between the pleuræ, and generally to the number and size of the cavities. This pain has generally the character of that in pleuritis.

“*Fever* began with the first symptoms in one fifth of the cases in which it was presumable that the lungs were the sole seat of disease. One sixth of the cases were without *rigor*, being only attended with an unusual sensitiveness to cold. In another sixth, rigors returned every evening, rarely at any other hour. If they are sufficiently severe to require quinine, they recur, sooner or later, after having been suspended. *Perspirations* were absent in one tenth of the cases in which there were rigors, occur sometimes without rigors, and almost always in the night and during sleep. They coincide generally with diarrhœa, which is sometimes also very severe. These two symptoms are not, either in phthisis or in other diseases, in an inverse proportion to each other, as some physicians have alleged.

“*Diarrhœa* is so common that it was absent only 5 times in 112 cases; in one eighth part of the patients it began with the disease, and continued till death—a space from 5 to 12 months. In the greater number of cases it begins in the second stage of the disease; and in one fourth, from 5 to 20 days before death. In these last cases the ulcerations are almost always small, and the mucous membrane of the large intestine soft as mucus, and almost always red—a sign of recent and intense inflammation.

“*Diarrhœa*, long continued, may be incessant or remittent; the *latter* form may continue from six weeks to fifteen months, and is accompanied by the same lesions as that which supervenes in the last days of the disease; the *former* may continue from one to twelve months various in degree, and occurs in one third of the number of cases, and is accompanied by numerous and extensive ulcerations.

“When the ulcerations are confined to the ileum, the diarrhœa is not less continuous or of shorter duration—a proof that it is not the exclusive effect of lesions of the large intestine. But these last are probably the chief cause of the diarrhœa of the last days of the disease, for the mucous membrane of the large intestine is much more frequently softened, red and thickened, than that of the ileum.

“When the ulcerations of the large intestines are considerable, and

situated near the anus, the alvine evacuations are extremely frequent, mucous, bloody, and commonly involuntary.

“The emaciation begins, in one half the cases, with the first symptoms of the disease, whether this be acute or slow in its course, which may be of five months or of three years. In the third part of the cases it only begins with the fever. It cannot be attributed, in its commencement, either to the fever, or to the diarrhœa, or to an appreciable lesion of the mucous membrane of the stomach.

“The *pneumonia* which supervenes in the last period of phthisis, pursues a rapid course and may greatly hasten the fatal termination. It is not so when it manifests itself earlier in the disease, and whilst the patients pursue their employment, and are not much thinner; it is then frequently cured, even though there may be tuberculous cavities. We cannot say this of the more or less severe pleurisy which shows itself in the course of phthisis; I have not seen it cured, except in one instance, even when it began before the tubercles were softened.

“The symptoms which denote *ulcerations of the epiglottis* are, a pain at the upper part of the thyroid cartilage, difficulty in deglutition, and the escape of fluids through the nose, the pharynx and the tonsils being free from disease. These symptoms do not occur in ulcerations of the larynx, when the epiglottis is unaffected.

“Whatever may be the seat, the extent and depth of the ulcerations of the larynx, the symptoms only differ in degree and duration. A superficial ulceration is denoted by slight pain in the part, with a greater or less alteration of the voice, whilst deep ulcerations are attended by continued and acute pain, and aphonia.

“However numerous and deep may be the ulcerations of the trachea, they do not induce any local or characteristic symptom. One patient only, in whom the mucous membrane of the trachea was destroyed in all its muscular portion, experienced, one month before death, a sense of obstruction under the upper part of the sternum, to which was afterwards added a sense of heat.

“The lesions of the mucous membrane of the *stomach* are denoted by peculiar symptoms. When it is softened and attenuated, loss of appetite, nausea, bilious vomiting and pain at the epigastrium, are almost always present, generally long before death. When it is inflamed at the anterior part of the stomach only, the symptoms are less in degree, number and duration; there are anorexia and nausea, slight pain at the epigastrium, and, in one case in four, vomiting. The same symptoms take place in the case of large, but single ulceration, or of small and numerous ones. When the inflammation is confined to the great curvature, there is no vomiting, and the nausea and pain at the epigastrium are rare; the disease probably taking place in the last days or hours of the patient's life. No symptom denotes with certainty the mammelated state of the mucous membrane of the stomach, when it takes place very slowly, in which case the membrane is of a slate and gray color.

“When, in the course of phthisis, vomiting is the mere effect of the cough, there is no epigastric pain, nausea and anorexia, and it is usually

observed early in the disease ; the symptoms of disease of the stomach, like this disease itself, occur at a later period.

“There is no distinct relation between the state of the *tongue*, and that of the mucous membrane of the stomach in the course of phthisis. If the tongue is sometimes red and thickened when this membrane is inflamed, the contrary is still more frequently observed ; and, on the other hand, the tongue is frequently dry, hard, and very red, when the mucous membrane of the stomach is perfectly natural. In fact, whenever there is fever the whole system participates in the affection more or less ; the appetite is lost, the skin hot, moist, and frequently injected, the secretions morbid, &c. Why should the tongue remain unaffected ?

“The catamenia cease at a more or less advanced period of the disease, after irregularity as to quantity and return. When phthisis continues less than a year the suppression takes place about the middle of its course ; but if it continues from one to three years, this event takes place in the last third of this time. When phthisis has a slow course it is difficult to assign the cause of the suppression, but in other cases that cause is probably the fever, with the development of which it coincides. The catamenia are sometimes, though rarely, regular till the last month of life, and pregnancy may take place and proceed regularly. It has not been positively ascertained that pregnancy retards the fatal termination.

“Of 123 cases of phthisis, 8 were examples of latent tubercles, that is, anterior to the cough, during from six months to two years. This proportion, though considerable, is, however, less than the reality, if, as we believe, the violent hæmoptysis which precedes the cough and expectoration, is the effect and not the forerunner of the tubercles ; besides, that tubercles should exist for a more or less considerable length of time without symptoms is not extraordinary, for inflammation of parenchymatous organs, or of the serous membranes, or even when they assume an acute form, ramollissement of the brain, &c., may exist in this manner. But what is very remarkable is the violence of the symptoms connected with certain organs, as the digestive, in some of these cases of latent phthisis, so that the organ apparently the most affected is, in reality, the most free from the disease.

“It is impossible, in the actual state of the science, to appreciate the causes which thus mask pulmonary tubercles. These causes cannot be a defective sensibility or susceptibility of the lungs, since six eighths of the subjects were females, half of whom had experienced, previously to the cough, an intense fever ; and the general symptoms imply as much susceptibility of the general system as the local. Nor can we explain the fact in question by the existence of complications ; for in most of the cases the disease existed in the simplest form.

“Phthisis sometimes assumes an *acute* character. This was the case in four out of one hundred and twenty patients. General or local symptoms of greater or less intensity proved fatal in from thirty to fifty days. Such an event is to be feared when the patients have been taken suddenly, without assignable cause, with dyspnœa, cough, expectoration, and fever, and sometimes pain of the chest, the respiration being

quickened—when, after a certain time, these symptoms become aggravated, in spite of appropriate remedies—and when there is no symptom of pneumonia, pleurisy, or suffocative catarrh; and if there be at the same time an obscure sound on percussion, under the clavicles exclusively, with a feeble or impaired respiration in the same points, the existence of this disease may be considered as indubitable. This rapidity of the course of phthisis does not prevent the development of the secondary affections so common in its acute form, so that in the few cases which I have seen, I found ulcerations of the mucous membranes, of the epiglottis, the trachea, the œsophagus and of the ileum, softening and attenuation of the mucous membrane of the stomach, the fatty state of the liver, tubercles in the lymphatic glands of the neck, and in the glands of the mesentery, &c.

“*Perforation of the pleura* is announced by pain, generally severe, in one side of the thorax, by dyspnœa, almost always extreme, and by inexpressible anxiety; and then by all the symptoms of acute pleurisy. These symptoms continue in the same degree, or with remissions, until death, which supervenes from 1 to 40 days, or sometimes more, after the perforation. These symptoms might have been anticipated *à priori*, or from their similitude to those which accompany perforation of the intestines, from analogy. In both cases, in fact, there is in the moment of perforation, effusion of an irritating fluid on a serous membrane, with the natural consequences of such an event, leading equally naturally to the diagnosis. Suffocation, dyspnœa, and anxiety, supervening in a sudden manner might, even without pain, lead to the suspicion of perforation of the pleura. But the diagnosis acquires a still higher degree of certainty from the comparative results of auscultation and percussion. If, shortly after the commencement of the pain, oppression and anxiety, we try percussion, we obtain a clear sound; while on auscultation we find respiration absent, or altered, and assuming the character designated *amphoric*. When the ordinary symptoms of perforation are absent, as appears to have been the case in the instances observed by Laennec, it is only by auscultation and percussion, practised with general views, that the diagnosis is effected. In one case, at the moment of the occurrence of pain, or even a little before, and also afterwards, the patient had the sensation of the escape of air into the cavity of the thorax.

“If it is usual to find but one perforation of the same lung, it is right to observe that in several cases a number of yellow and white spots have been observed upon the surface of the lung, the result of softened tubercles underneath. Without the adhesions which usually unite the two pleuræ, perforation would not always be single, and would assuredly be more frequent.

“Not only do many of the lesions in other organs *accelerate* the death of phthisical patients, but there are cases in which death takes place unexpectedly; it is sudden; and it arises under two circumstances—either some new lesion has taken place and remained latent, but proved the cause of death, or no such lesion can be discovered. Two of the former and two of the latter of these cases have occurred to me;

and, lastly, two others, in which there was a general softening of the brain, apparently of long duration."

4. *The Morbid Anatomy* of phthisis consists in the different forms and conditions of tubercles; of the cavities left by their softening and expectoration; and of the adjacent portions of the lung and pleura.

5. *The Treatment* of tubercle in general has been sketched already.

Every means which gives health and tone to the general system; a mild meat diet; a regulated state of the bowels; sponging with salt water; ample clothing, and then a free exposure to the open air, the sea breezes, &c.; early hours; cheerful society; travelling; sea-voyages; a warmer, serener climate, &c., are amongst the most important measures to be adopted early in this disease.

Such mild measures as induce counter-irritation over the chest, as a sharp liniment; cupping or leeches if there should be pleuritic pain; a small blister if there should be dyspnœa; an alcoholic lotion composed of one ounce of alcohol and three, four, or five, of rose water, if there should be hæmorrhage—are important auxiliary topical remedies.

Opiates for cough or diarrhœa; the dilute sulphuric acid for profuse perspiration; the sulphate of quinine for chilliness; are other remedies to which we must frequently have recourse in the late stages of the disease.

The inhalation of chlorine, the administration of iodine, have been much used recently. I have never seen any advantage from them.

CASE OF EMBRYOTOMY.

BY JAMES N. B. DOILSON, M.D., OF WAYNESVILLE, MO.

ON the 23rd of October, 1837, we were summoned to visit Mrs. —, aged 30, in her ninth month of pregnancy, said to be in labor. We were informed by her that she carried out of her house, on the 20th, a heavy table with one edge resting against her abdomen, soon after which she felt some light bearing-down pains, which in a short time ceased; that on the 21st, one of her brothers, who had been absent for some time, rode up unexpectedly, which threw her, as she expressed it, into a fit of joy, and she was immediately taken violently in labor. Her mother-in-law was a midwife, and had the management of the case until the evening of the 22d, when the right arm presented, and was delivered. Much embarrassment being now felt by the old lady, another midwife was sent for, who arrived at midnight, and more prudently advised the call of a physician. We arrived at 10, A. M. Found her pulse 120 in a minute, tongue covered with a dark, brown fur; considerable thirst; nausea, and occasionally vomiting of a dark, grumous matter; resembling coffee grounds; restlessness; costiveness. On a manual examination, the arm was found much swollen and blistered; the external parts of generation hot, dry and tender; and the fœtus so firmly wedged in the pelvis by the firm contractions of the uterus, that its cavity could not be gained with the hand. Although the mother de-

clared she felt distinctly the motions of the *fœtus* on the evening of the 22d, and the midwife gave it as her opinion that it was alive at that time, yet the appearance of the arm was sufficient evidence of natural decay. With the view of enabling us to turn, she was bled to sixteen ounces, given two grains opium, and put in a warm bath. After waiting two hours, turning was still found to be impossible. Her sufferings being great, and having no hopes of delivery by spontaneous evolution, we determined to deliver by the use of instruments. The arm was taken off at the shoulder joint, and the scapula of the right side removed with the scalpel; the thorax was perforated, and the entire ribs of the right side taken out, one by one, with the hand—their cartilaginous ends being previously divided with a small pair of curved scissors. The thoracic and abdominal viscera were now removed; back bone brought down and divided between the last dorsal and first lumbar vertebræ, which enabled the divided ends of the bones to slide beyond each other, greatly diminishing the bulk in the uterus. The left arm was then brought down, and the delivery effected with the head resting in the chest. I waited an hour for the coming on of pains to expel the placenta. None occurring, light tractions of the cord and abdominal frictions were employed. These having failed, I ordered thirty grains *secale cornutum*. Waited half an hour; it had no effect. Ordered thirty grains more, which also failed. Ordered a dose of *ol. ricini*, and had her put to bed. She rested well, slept soundly, and remained easy until the 24th at 10, A. M., when regular pains came on, and she, with little assistance, was safely delivered. Left three doses Cooke's pills, one to be taken each night, and assisted, if necessary, with *ol. ricini*. A proper course in all other respects enjoined.

28th, 11, P. M. Has had three chills and fevers—two to-day and one yesterday. Found her in a fine perspiration, and was informed she sweat freely after each of the other fevers began to decline. No unusual soreness of the abdomen, but soreness of the extremities, and aching in the bones; tongue not so foul as when I left her; medicines had operated well. Believing it to be miasmatic in its origin, and called into active existence by parturition, the pills were again ordered; five grains sulphate quinine given, which appeared to reduce the pulse and produce quietude. Ordered five grains more at the end of an hour, and five more at 6 in the morning. This course to be continued daily.

Nov. 7th. Discontinued the use of the medicines on the 30th, on account of their disagreeable taste. Fever had been broken, but had returned; and the lochia, which was before dark, was now white, lumpy and too abundant. Ordered the same prescriptions in the form of bolus.

13th. Was convalescent. Her fever left her again on the 8th. Ordered open bowels and proper regimen to avoid a relapse. She, however, relapsed, and, on the 13th of December, died without our further attendance, our business having called us out of the country during the time.

The child was large, well proportioned, and presented a surface thickly beset with large, beautiful white blisters, which were well defined.

Never having delivered with the instruments, and in the way usually

recommended in such untoward cases, I am, from experience, unable to say anything of its utility, but from the ease and facility with which I operated in the present case with the scalpel and curved scissors, I am induced to regard it as a safe operation when performed by skilful hands. Without saying more, I leave the comparative merits of these operations for subsequent experience to decide.—*Transylvania Med. Journal.*

THE LATE DR. EBERLE.

DIED, in Lexington, Ky., on the 2nd day of February, 1838, JOHN EBERLE, M.D., Professor of the Theory and Practice of Medicine in Transylvania University.

Dr. Eberle was a native of Lancaster county, Pennsylvania, and was a little over 50 years of age at the time of his decease. Born and educated among the Germans of Lancaster, he retained the peculiar accent and idiom of that people to the day of his death, as also their habits of industry and perseverance in favorite pursuits. At an early period of his history, Dr. E. was deeply involved in politics, and for some time conducted a German political paper. Prior to his removal to Philadelphia, which occurred about the year 1818, he published several interesting papers in the *New York Medical Repository* and other journals. Shortly after his settlement in Philadelphia, he became the Editor of the *American Medical Recorder*, known throughout the country as one of our ablest periodicals. In 1822, his work on *Therapeutics and Materia Medica* first appeared, after having encountered many obstacles, that for a time seemed to preclude its publication. The author assured the writer of this notice that he failed, in all his attempts, to procure a publisher who would give him anything for the copy-right, until the person who finally became its proprietor, offered two hundred and fifty dollars for the work. Being the first book of the author, he accepted the offer, in the hope of being more successful in his subsequent undertakings.

In 1824, on the establishment of Jefferson Medical College, Dr. E. was constituted one of its Faculty, and continued in the school until his removal to Cincinnati, in 1831. While in Jefferson he taught the Theory and Practice, *Materia Medica* and Obstetrics, at different periods, and was also engaged as Editor of the *American Medical Review*, a journal devoted especially to the interests of that school. While in the Jefferson Faculty he published the first edition of his work on the *Practice*, which it is well known has passed through several editions, and, unlike its predecessor, yielded a handsome compensation to the author.

In 1831 Dr. Eberle was invited (in connection with Drs. Thomas D. Mitchell and George McClellan) by Dr. Drake, to unite in the formation of a new medical school at Cincinnati. In the winter of 1831–2, the deceased gave his first course of lectures in the West, as Professor of *Materia Medica* and Medical Botany, in the Medical College of Ohio, in which school he remained until the fall of 1837, when he became

connected with the Medical Department of Transylvania. While in Cincinnati he prepared his work on the *Diseases of Children*, for which the publishers gave him a fair compensation, and it is understood that he was engaged a year ago in getting ready for the press, a *System of Midwifery*. That he was importuned, by his publishers in Ohio, to prepare such a work, is known to the writer of this notice.

In addition to the publications of Dr. E., above named, there were some others of less magnitude. Among these, we name a small work of a botanical character, for young students; and it may be noticed here, that botany was a favorite study with the deceased.

Dr. Eberle was not fond of the practice of his profession, or he might have become rich in its pursuit. He was devoted, especially, to books; and as a journalist, he has not, perhaps, been equalled in the United States of America. In his deportment he was plain, unassuming, unostentatious; and his whole aspect was indicative of one who had long been a companion of the midnight lamp. Few there are in our profession, whose labors have given them such extensive celebrity as fell to the lot of Professor Eberle. His *Practice of Physic* is in almost every medical library in the West, and has been noticed with high commendation by foreign journalists. His death has left a chasm in the profession, and especially in the School of the West, that is greatly lamented. We are assured, however, that in respect of the latter, no pains will be spared to compensate for the loss, and that the Trustees will do all that can be done to place the School in the most commanding attitude.—*Ibid.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 25, 1838.

TOMBS.

In the remarks of last week, upon the construction of tombs in the South Burying Ground, we were under a mistake in supposing that they were built with reference to the escape of mephitic air. We are assured that the inner door, of wood, is completely secured by lime mortar, which effectually prevents the escape of noxious effluvia; and that the outer door is of cast iron, closely fitted to the stone frame. But the drain, leading from the yard, which conveys the water to a distance, into the ocean, may be regarded in the light of a new and important improvement.

Medical Society of the City of New York.—After much preparation by two distinct parties, with reference to the election of favorite candidates, on Monday, July 9th, the anniversary, Dr. Francis U. Johnson was elected President, with 101 votes. Dr. John W. Francis, the other candidate, had between 94 and 97. Dr. Wm. W. Minor, Vice President, 105 votes, Dr. John Stearns having a less number. We cannot understand precisely the character of the *Kappa Lambda* association,

about which so much has been said. If there is a secretly operating society of physicians in the City of New York, always on the alert to elevate its associates to all the offices of distinction and profit, to the exclusion of all other practitioners in the city, it would be gratifying to know more of the particulars of the organization of such a powerful clan.

Rhode Island Medical Society.—This Society held its annual meeting at the State House, in Providence, on the 27th ult.

The Fiske Fund Trustees announced the award of but one premium, on the questions by them proposed to the members for the year 1837-38. This was taken by Jacob Fuller, M.D., of Providence.

An interesting address was delivered by Dr. Usher Parsons, President of the Society.

Drs. Cornelius S. Cartee, of Providence ; William Grosvenor, of do. ; Hiram Bucklin, of Smithfield ; Nelson M. Perrin, of do. ; Charles F. Manchester, of Providence ; Otis Bullock, of Warren ; Joseph B. F. Fuller, of North Providence ; John P. Fuller, of Providence ; James Miller, of North Providence ; James H. Eldridge, of East Greenwich ; Samuel Mowry, of Gloucester ; H. B. Walcott, of Cumberland, and Ephraim Knapp, of do., were, on recommendation of the Board of Censors, unanimously elected Fellows.

Thomas Miner, M.D., of Middletown, Conn., Ex-President of the Connecticut Medical Society, and George C. Shattuck, M.D., of Boston, President of the Massachusetts Medical Society, were unanimously elected honorary members.

University of the City of New York.—Dr. Alfred C. Post, of New York, has received the appointment of Professor of Clinical Surgery, and Dr. Nathan R. Smith, of Baltimore, the chair of Surgery, in the Medical Department of the University. It is said that the course of medical instruction will not commence till a year from next November.

Summer Diseases.—Besides frequent deaths in New York, by drinking cold water, when the body was greatly heated, the cholera morbus and some other maladies which almost invariably make their appearance in cities where fruits are eaten excessively, are spoken of as the cause of many deaths. Boston is remarkably healthy—there being no prevailing disease amongst us. Cincinnati and other cities of the West, and even South, are equally blessed thus far.

Soda Water.—Excellent and refreshing as it is, an excessive use of it is very pernicious to the functions of the stomach. Those who habitually take several glasses a day—who cannot deny themselves whenever they are in sight of a shop—may rely upon having an impaired appetite, a weakened digestion and disturbed slumbers. One important objection to a very free use of soda water, is its impregnation by copper, held in solution. A perceptible taste of this metal is a peculiarity of some of the fountains, owing to the abrasion of the coat of tin, with which the tanks are lined. The sulphate of copper is prescribed as an active emetic—and in minute doses, as when taken from an imperfectly tinned copper holder, must certainly have a deleterious effect on the di-

gestive apparatus. Those, therefore, who are the most potent soda drinkers, run considerable hazard. More cold water, and less soda, at this debilitating season of the year, would be more conducive to health. The numerous compound mixtures on sale, in hot weather, are far from being blessings to us.

Codman's Cupping Instrument.—When the inventor, a [few] months since, exhibited a specimen of this instrument, which was really meritorious, and truly what it purported to be—a substitute, to a considerable extent, for leeches—he gave us to understand that the profession could be accommodated with them, at an economical price. But it grieves us to say that, as nearly as can be ascertained, the one then seen was the only one manufactured; or if more have been fabricated, no one has been able to ascertain where they are to be had. If Mr. Phelps, the truss maker, in Court street, could be allowed the use of a pattern, the market would soon be supplied. Many an estate, says Poor Richard, “is lost in the getting.”

Sarlandiere's Anatomy.—After advising our friends, particularly those who are ambitious to procure first-rate anatomical engravings, to purchase this beautiful series, while they may be had, we expressly desire that a copy belonging to us, borrowed by a gentleman more than six months ago, may be returned. Also an English work on Modern Dentistry. As the latter was loaned to the office, and the owner now calls for it, and we cannot recollect who had it, its restoration would confer a special favor.

People's Doctor.—This pamphlet was probably fitted to a particular meridian, and, therefore, well calculated to show the people how they were imposed upon by knaves. Its wit is amusing, and the raciness of the author is appreciated here, though no special application could be made of the arguments to the advantage of the bequacked ignoramuses of New England. They require altogether different logic, interspersed with cogent facts. A reprint of a venerable recipe for witchcraft from old Salmon, is just as good as any modern preparation—“R. Regulas of arsenic, 3i.; St. Peter's wort, fresh, 3iv.; filings of a horse's hoof, 3iss.; scrapings of a mummy's head, 3s.; calx of fine silver, grs. x.; inchanter's night shade, handful. Boil the whole in spt. nit. dulcis, 1 lb. over a steam bath, full twenty-eight days, and decant off the clear tincture. To cure, put a little on the skin of the witch.”

Plague.—Late intelligence from Smyrna, announces the appearance of the plague in the islands of Samos, Colymnas and Stanchio. Severe sanitary measures having been enforced at Scala Novo, which were considered too oppressive, or unnecessarily severe, led to considerable commotion. The women seem to have been most active in the popular movement, and finally succeeded in driving the cordon sanitaire gentlemen to Sokiah, a respectable distance from the habitation of these modern Amazons. After all, it seems that there was more alarm than disease—the mortality being exaggerated.

Animal Magnetism.—Sir William Molesworth has recently presented a donation of thirty guineas to University College Hospital, London, accompanied by a letter, in which he expresses his sense of the “pleasure and instruction which he obtained in witnessing the experiments of Dr. Elliotson in Mesmerism,” and his confidence that the “researches now being made by Dr. E. will add considerable to our knowledge of the phenomena of nature, extend the bounds of science, and afford explanation of numerous facts, previously inexplicable.”—*London Lancet*.

Medical Miscellany.—Dr. Nathan R. Smith, of Baltimore, has been elected professor of theory and practice of medicine in the Transylvania University, in place of the late Dr. Eberle, but his acceptance of the chair has not yet been announced. In another paragraph it will be seen that the same gentleman has been chosen professor of surgery in the New York University. But as the latter school will not commence teaching till one year from next November, it is not improbable that he may go to Kentucky.—Twelve young gentlemen, having completed their medical studies, in Philadelphia, were admitted to degrees, on the 13th, at the University of Pennsylvania.—Dr. C. W. Short was recently elected professor of materia medica in the Louisville Medical Institute. The appointment seems to give the friends of the school peculiar satisfaction.—Died, recently, in London, Dr. Edward Harrison, aged 72, who built up an infirmary for spinal affections, and endowed it with a gift of one thousand pounds, and, at his death, bequeathed it three thousand more. He left one hundred pounds to the University College Hospital, and one hundred each to two other country institutions; also, one hundred to be awarded for medical essays.—During the two years since the commencement of the Ophthalmic Hospital of Canton, 4575 Chinese patients have been received. The expenses of the last year were \$1692.—By the recent bequest of Mr. Birch, of Philadelphia, the institution for the education of the blind, in that city, is enabled to accommodate about three hundred pupils.—An infirmary has been established in connection with the medical department of the University of Virginia.—A malignant fever has been prevailing at St. Pierre Migneton, near Quebec, so very fatal, that it was thought by the people, for a while, to be the cholera. About eighty persons had died at the last accounts.—A great number of rabid animals, as dogs, cows, &c., have been killed in various parts of the United States, the present season.—The salary of the physician of the State Prison in Rhode Island is *twenty-five dollars* per annum!—too contemptibly mean for any man of common sense to accept.—The American Medical Library has commenced the republication of Liston's Surgery, with various wood engravings. Green on Diseases of the Skin, also extremely valuable, was completed in No. 7, Vol. 2d.—Deaths in New York, week before last, were 229, 111 more than the week previous. Of these, *seventy-one* were caused by the extreme heat, apoplexy, congestion of the brain, &c.—The deaths in Philadelphia, in the course of the same week, amounted to the startling number of *two hundred and thirty-one*! The diseases most fatal were the following:—Summer complaint, 57; excessive heat, 17; dropsy of the head, 12; apoplexy, 11; dysentery, 10; diarrhœa, 10; debility, 9; convulsions, 9. There were *one hundred and twenty-five* children under two years of age, included in the sum total.—Part V. of Dr. Copland's Medical Dictionary was advertised to be published in London on the 9th of June.

Whole number of deaths in Boston for the week ending July 21, 30. Males, 18—females, 12.

Consumption, 5—child-bed, 1—inflammation, 1—typhous fever, 2—liver complaint, 1—diarrhœa, 1—delirium tremens, 1—convulsions, 1—inflammation of the bowels, 2—bowel complaint, 1—inflammation of the brain, 2—disease of the brain, 1—scarlet fever, 1—canker, 1—inflammation of the lungs, 1—drowned, 1—dropsy in the head, 1—marasmus, 1—cholera infantum, 1—cholera morbus, 1—poison, 1—stillborn, 6.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—eoptN—emtJy

BERKSHIRE MEDICAL INSTITUTION.

THE annual Course of Lectures for 1833, in this Institution, will commence on the 23d of August (the last Thursday but one in the month) and continue thirteen weeks.

The pre-requisites for admission to an examination for the Degree of Doctor of Medicine are, three full years' study under a regular practitioner of medicine; attendance on two full courses of medical lectures, one of which must have been at this school; a defensible thesis on some subject connected with medical Science; an adequate knowledge of the Latin language, and a good moral character. Gentlemen who intend to present themselves as candidates for a Degree are particularly requested to procure full and formal certificates of time.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead from all violation.

Theory and Practice of Medicine, by	- - - - -	HENRY H. CHILDS, M.D.
Botany, Chemistry and Natural Philosophy, by	- - - - -	CHESTER DEWEY, M.D.
Principles and Practice of Surgery, by	- - - - -	WILLARD PARKER, M.D.
Materia Medica and Pathological Anatomy, by	- - - - -	ELISHA BARTLETT, M.D.
Obstetrics, by	- - - - -	DAVID PALMER, M.D.
Anatomy and Physiology, by	- - - - -	ROBERT WATTS, JR., M.D.
Legal Medicine, by	- - - - -	HENRY HUBBARD, Esq.

Fee for the Course of Lectures, \$50. Fee for those who have already attended two full courses at an incorporated medical school, \$10. Graduation fee, \$18. Fellows of the Massachusetts Medical Society, and others who have received the Degree of Doctor of Medicine, are admitted gratuitously to the lectures.

R. WATTS, JR., *Dean of the Faculty.*

Pittsfield, Mass., 20th June, 1838.

tAug23

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3.

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LOWE & REED,
24 Merchants Row, Boston.

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WEDNESDAY, AUGUST 1, 1838.

[NO. 26.]

ON THE VARIETIES OF DEVIATION IN THE WISDOM TEETH.

BY JAMES TRUDEAU, M.D., PARIS.

DENTITION of the deciduous teeth is often accompanied by serious disorders, and receives a considerable share of attention from every careful physician. Not so, however, with dentition of the permanent teeth, which commonly takes place without much suffering. I propose, in this paper, to notice briefly the accidents which, sometimes, occur during the growth of the wisdom tooth, and more particularly that of the lower jaw: first, when the space, between the second molar and the base of the coronoid process, is not sufficient to allow of its free growth—secondly, when there is sufficient space, but the tooth takes a wrong direction, first obliquely from behind forwards, and is arrested by the next grinder; secondly, from without inwards along the tongue, causing excoriation of that organ, and impeding its motions; thirdly, from within outwards, so as to penetrate the cheek; fourthly, when the wisdom tooth is detained in the base of the coronoid process; and, fifthly, when it remains covered, at its posterior part, by a hardened gum.

It would be easy for me to multiply these deviations from normal growth, and add many other instances of mal-position of the inferior wisdom tooth, but they may all be easily reduced to the five species just enumerated.

I. *The Wisdom Tooth growing from behind forwards, and its growth stopped by the next grinder.*

Madam R—, a young lady, twenty years old, felt, three or four months after marriage, a sharp and deep-seated pain in the angle of the inferior maxilla of the left side, the pain soon extending throughout the whole bone. All her teeth were painful, not, however, of the nature of an ordinary toothache. She passed a few months in this state, and as the pain was daily increasing, her physician, suspecting the affection to be rheumatic or neuralgic, resorted to various remedial agents to get rid of it. He began with an antiphlogistic course, by regimen, leeches, poultices, baths, emollient drinks, &c., but without avail. He then used, with no better success, dry and opiate frictions, blisters and the different antispasmodics. Acupuncturation, a seton at the back of the neck, and the sulphate of quinine internally, were also unsuccessfully tried.

By the advice of the most distinguished physicians of Paris, the lady tried the baths of Bourges, but returned, suffering from excruciating agony. At this time, she consulted Dr. —, without, however, much hope of

relief. When the doctor saw her, her countenance was extremely pallid, she was much emaciated, her strength was impaired and her appetite gone. For a year, she had been almost literally without sleep, the calm of night bringing with it only the feeling of despair.

Her teeth were sound and white, the gums of a pale-rosy color, and there was not the least appearance of the growth of a wisdom tooth. Examination was, however, directed to this quarter. A deep incision was made in the gum, with a curved bistoury, behind the second large grinder. A small probe being introduced, a hard body was felt. Under the belief, now, that there was a tooth growing obliquely forwards, the growth of which was prevented by the adjoining tooth, the second large grinder was immediately extracted. A few days after this operation, the pain entirely disappeared, and the lady now enjoys excellent health.

M. Esquirol, to whom I communicated this fact, told me that he had cured a young lady, who was insane, of her mania, by the extraction of the second molar tooth, which was, in the same manner, preventing the growth of a wisdom tooth.

To understand affections of this nature, it must be borne in mind, that, when a tooth makes its appearance through the gum, the roots have not attained their entire length. They grow from within outwards, and, if the crown of a growing tooth is stopped by any impediment, during its evolution, the root, increasing in length, by the process of ossification, occupies a place not intended for it by nature, and powerfully compresses the nerves of the part. It is easy, then, to understand the disturbance, caused by a wisdom tooth's being imbedded in the coronoid process, or being arrested by the thickness of the gum, or growing against the next molar, as in this case.

II. *The Wisdom Tooth growing from without inwards, on the side of the tongue, and causing an ulceration of a syphilitic appearance.*

Mr. M——, formerly an officer in the army, living in the country since 1815, came to Paris, with the intention of undergoing an anti-syphilitic treatment, laboring under the idea that he was affected with the venereal disease. He had had, for some months, an ulceration at the base of his tongue, on the left side. The movements of this organ were deranged. Mastication was particularly painful. The mercurial treatment, to which he submitted, by the advice of an eminent practitioner of Paris, only aggravated his symptoms. After twenty days' continuance of this treatment, the tongue became enormously swelled, so as entirely to fill the mouth; the gums were in a fungous state, and the breath offensive. This treatment having been suspended, M. M—— applied to Dr. ——. After a very careful examination, he soon discovered, in the maxillary bone, at a distance of about half an inch from the posterior dental canal, a hard body, covered by a floating or moveable portion of the gum. An incision having been made in the gum, a portion of the crown of a wisdom tooth was distinctly visible. The tooth had grown in a wrong direction, and, being in contact with the base of the tongue, had occasioned an ulcer. The tooth was immediately extracted, and a few days after, the ulcer healed up.

III. *The Wisdom Tooth growing from within outwards, and penetrating into the substance of the cheek.*

Miss B., twenty-nine years of age, consulted Dr. — for an immense swelling, on her right cheek, opposite the wisdom tooth, which was exceedingly painful, particularly on opening the mouth. The doctor suspected at once that this irritation depended on the growth of the last grinder, the crown of which, being directed from within outwards, was penetrating into the substance of the cheek. Upon examination with the finger, this tooth was felt growing in a horizontal direction, and quite imbedded in the muscles. Had it been possible at once to extract the tooth, the patient would have been speedily relieved. But the swelling of the gums and of the internal part of the cheek, which was ulcerated, interfered with the operation. The tooth was, besides, very much decayed, and would have been broken by any instrument. The indication, then, was to lessen the irritation, which was caused by the crown of the tooth acting as a foreign body. A piece of cork, prepared so as entirely to cover this, and deeply grooved, was placed between the cheek and the teeth. This little apparatus was fastened to the first molar, and remained in its place for three days. Poulitices were applied to the cheek, and slightly acidulated gargles used. At the end of the time mentioned, the irritation had subsided, so as to allow the tooth to be extracted, after which, the unpleasant symptoms at once disappeared. These deviations of the wisdom tooth outwards are of common occurrence in practice, but the inclination is generally very slight, and the removal of the tooth not often demanded.

IV. *The Wisdom Tooth arrested in its growth by the base of the coronoid process.*

In this case the right cheek was swelled to an enormous size, the swelling extending from the eyes to the clavicle. The face and neck were covered with numerous abscesses. For twenty months the man had not been able to open his mouth, and had been fed on liquids, passed through an opening caused by the absence of a tooth. He had, besides, a fistula, at about three inches from the lower angle of the inferior maxilla. A little lower on the neck there was another. A probe being introduced into the first fistula, penetrated obliquely, from before backwards, and was stopped by a hard body, supposed to be the root of the third large grinder. From the beginning of the affection, the man's health had been greatly impaired; he was much emaciated, his skin was of a leaden hue, and he suffered much from colics. For a short time past, his digestion had been disordered, and attended with acidity; this, probably, depended on the mixture of his food with the pus, with which his mouth was constantly filled. Various means were resorted to, to open the patient's mouth and extract the tooth. Leeches, poulitices, mercurial frictions, blisters and compression were used with no better success. Dr. — now thought of trying a mechanical agent, which succeeded perfectly. It was a conoidal piece of wood, introduced between the dental arch, and pushed in slowly by the patient himself. The following day the mouth presented an opening of about four lines. A week after-

wards, the man's mouth was opened wide enough to allow of the tooth being easily extracted.

A few days after, a necrosed piece of bone was extracted. It proved to be a portion of the base of the coracoid process, on which was moulded, or cast, a portion of the crown of the tooth. This evidently showed that the tooth had been stopped in its growth by this bone. Since that time the inflammation rapidly disappeared, and in a month the patient was perfectly cured.

V. *The Wisdom Tooth growing under a portion of the gum which cannot be cut by the tooth.*

Orage, a waiter, for a year past had been subject to frequent inflammation of the cheek and fauces—indeed, ever since the first appearance of the wisdom tooth of the left side. During one of these attacks he was advised to consult Dr. ——. His cheek was swelled, and the tonsil of the left side was inflamed, as well as the fauces. Behind his second large grinder, the crown of a wisdom tooth could be perceived, and covered in its two-thirds by the gum, which was ulcerated. A simple incision through the gum was all that was necessary in this case.

Cases of this description frequently occur in practice, and do not always terminate happily. When indurations of the tonsils occur, this gland must be removed.—*Medical Examiner.*

MERCURY.

FROM SIGMOND'S LECTURES ON THE MATERIA MEDICA.

[Continued from page 383.]

To Baume, Bergmann, and to Scheele, we are indebted for the complete exposition of all the most important chemical and pharmaceutical knowledge that we possess regarding calomel. When mercury is triturated with the bichloride of mercury, the liquid mercury quickly disappears; the salt, that is the result of the operation, assumes a blackish-gray color; if sublimation take place more than once, a chloride of mercury, with the metal at a minimum of oxidation, is obtained. Sometimes the number of these sublimations was very great; our pharmacopœias ordered two, but other processes have been substituted, for this trituration and sublimation were tedious operations, and were attended with very many inconveniences, more particularly from an acrid dust to which the workmen were exposed, notwithstanding every precaution was used by placing different kinds of veils over the face; and our present pharmacopœia directs the following process:—Take of mercury four pounds, sulphuric acid three pounds, chloride of sodium a pound and a half, distilled water as much as may be sufficient; boil two pounds of the mercury with the sulphuric acid in a proper vessel until the bipersulphate of mercury remains dry; rub this when it is cold with two pounds of mercury in an earthen mortar, that they may be perfectly mixed, then add the chloride of sodium, and rub them together until globules are no longer visible, and sublime; rub the sublimate to very fine powder, and wash it carefully with boiling distilled water, and dry it;

this forms a whitish powder, which, on the addition of potash, becomes black, and then, when heated, runs into globules of mercury ; it is also vaporised by heat ; the distilled water with which it has been washed, or in which it has been boiled, gives no precipitate with nitrate of silver, lime water, or hydrosulphuric acid.

The characteristic properties of the chloride of mercury are essentially different from those by which the bichloride is recognized. It is almost tasteless. It has a faint, yellowish-white color, but by long exposure to the action of light, it assumes a blackish cast. It is luminous and phosphorescent when rubbed in the dark. It has scarcely any smell. It is generally seen in the shops in the form of a heavy powder, but crystals are sometimes obtained in tetrahedral prisms ; occasionally there are two quadrangular pyramids formed, base to base, so as to make a very long and pointed octahedron. In mass it forms compact, translucent, shining cakes. It is insoluble in water. It is much more difficult of volatilisation and sublimation than the bichloride. The consumption of calomel in this country is very great, and large quantities are likewise exported to the East Indies ; it is manufactured upon a large scale at Apothecaries' Hall ; and the sublimation, owing to the management of Mr. Hen- nel, is performed with great nicety and care. The vessels are large, and made of good conducting materials, so that the calomel falls down in an impalpable powder, like a shower of snow, and then only requires washing and levigating to obtain it in a state of minute division.

Calomel possesses medicinal powers of the most important kind ; it is a moderate laxative when given alone, and when employed in combination with other drugs it becomes an active purgative. It has been classed, by the authors on materia medica, as a sialagogue, as an expectorant, as a cathartic, as an emmenagogue, as an alterative, and as a tonic ; and no remedy with which I am acquainted has been more largely employed in the greater number of diseases. Indeed, I need only refer you to the "*Thesaurus Medicaminum*," or the "*Practical Synopsis*" of John Pearson, that you may judge of the estimation in which it has been held, from the long catalogue you will there find of disordered states in which it has been prescribed by medical men. Its doses have varied in the most extraordinary manner ; and on looking over medical writings you will be surprised at the great discrepancy of opinion upon the quantity to be employed ; yet from the most experienced practitioners, I think you will draw the inference, that in the greater number of cases, where your object is to produce a gentle, but at the same time serviceable, action on the bowels, three grains will suffice. A less dose causes irritation in the alimentary canal, and without some other medicine be employed, a quantity of biliary secretion is produced, which remains in the system, rather harassing than in any way benefiting the individual's case. In a dose of five grains the chloride of mercury may generally be looked upon as exciting a degree of irritation in this country ; yet some of our most distinguished medical men have in India, not only harmlessly, but with considerable advantage, administered scruple doses, three or four times in the course of the day. I would have you read with attention the works of Dr. James Johnson, on "*Tropical*

Climates," and Annesley on the "Diseases of India," for further illustration of this subject. Unacquainted as we are with some of the frightful maladies of the East, which so rapidly run their career, we cannot properly estimate the value of the practice, but from the concurrent testimony of practitioners, who almost unanimously agree upon the excellence of the principle of giving very large doses, until an immense quantity must have been collected in the intestinal canal. This plan of treatment has been attempted to be introduced into this country, but it has not met with much encouragement. In the United States, however, the practitioners have even surpassed our brethren in India; they have given one, two, or three drachms, for bilious fever, three or four times daily, for some successive days. In one of the American Journals is a case in which eight hundred and forty grains were administered in the course of eight days; the largest dose was three drachms, and even then no evacuation was produced until an injection had been given.

The great success that attends these doses in tropical dysentery is evident from the works and from the cases of various authors related in the different periodicals. Thus Mr. Power's cases in the third volume of the "*Medico-Chirurgical Review*," are very instructive. Scruple doses were given three times a day, in nine instances; no other mode of treatment was pursued except in one instance, where venesection was had recourse to; a quarter of a grain of opium was generally added. The calomel in a short time brought on ptyalism without hypercatharsis, or any distressing symptom supervening; on the contrary, it seemed to have rather a cooling and sedative influence.

It seems that some of the older European physicians ordered calomel in very large doses. Amongst these, Horstius recommends a scruple or half a drachm "to attenuate the viscid humors." Sylvius ordered it in the same dose as a purgative. Drs. Friend, Juncker, and Geoffroy, are also in favor of such quantities. Dr. Wright, in the year 1794, said that he had been in the habit of giving scruple doses since 1760; but it is to Dr. James Johnson that the promulgation of this mode of treatment of dysentery and hepatitis is to be ascribed. Dr. Cartwright, in the United States, treated syphilis with doses of equal magnitude. Mr. Cunningham, a surgeon in the Navy, likewise published cases thus treated. It has been said that these large doses purge less than smaller doses; that all the organs are preternaturally excited, and therefore the profuse secretion from the liver does not take place, whilst smaller doses produce great excitement of that organ; that still smaller doses, if they do not produce secretion, act on the system as a morbid irritant, and occasion mercurial fever, which Nature removes by an increased secretion of the salivary glands. That fatal occurrences have been the result of such doses of calomel there can be but little doubt; and Hoffman has given in "*De Medicamentis Insecuris et Infidis*," two cases in which fifteen grains of the chloride of mercury were sufficient to destroy youths between the ages of twelve and fifteen. In one instance the stomach attempted, by vomiting, to rid itself of the poison, the hands and feet began to tremble, great uneasiness and anxiety supervened, and on the sixth day death took place. The other died after suffering from

great anxiety and from vomiting of a black matter. The case mentioned in the "*German Ephemerides*," which terminated in twenty-four hours, after profuse diarrhœa, was the result of half an ounce swallowed accidentally. Dr. Christison has, however, asked whether the violent effects described by Hoffman and Ledelius may not have arisen from the calomel having been imperfectly prepared and adulterated with a little corrosive sublimate.

There are some inaccurate stories of calomel proving destructive. Thus, Dr. Sintalaer, in a very curious work published in 1709, entitled "*The Scourge of Venus and Mercury*" (and which was the book that first excited Dr. Thomson, of Edinburgh, to investigate the history of the venereal disease), after declaiming against mercury and its preparations, says—"Dr. Harvey tells us a story of an apothecary who gave three children a dose each of *mercurius dulcis* against the worms, and they all died on the same day;" but there are no accounts of any such cases to be found, well authenticated, in later days. On the Continent great attention, both in France and Germany, has been paid to the purity of calomel, and to the difficulty that ought to be made in giving corrosive sublimate to any individual who wishes to purchase it. A medical police watches over these points, and such an establishment is become indispensable in this country, where so many fatal accidents have, from neglect, occurred.

As I shall hereafter have frequent opportunities of discussing the powers of the chloride of mercury, as a laxative and a purgative, I shall not, now, make many observations on it in this point of view; but there are some circumstances connected with the functions of the stomach, the assistant digestive organs, and the intestinal canal, to which I must, for a moment, invite your attention. I must observe, that I wish you to recognise the distinction that has been universally acknowledged between laxative and purgative medicines, the first, which merely empty the bowels of such *fæcal* contents as may already be lodged there, whilst the second class have the power of inducing a still further increase of the quantity, and of stimulating the vessels to pour forth more excrementitious matter. Now the chloride of mercury will, according to the dose in which it may be given, produce either of these effects, but it is the biliary secretion that is most augmented, and this is particularly marked by an alteration in the color and the odor of the *fæces*. All the preparations of mercury, more or less, have this influence, and patients who have, for a length of time, excreted only blackish and unhealthy looking dejections, discharge them of a yellow hue and of a different odor after a few grains of calomel or of blue pill. The odor is oftentimes rendered more disagreeable, and a change takes place in the gases that are developed. The color depends upon the kind and quality of the bile secreted by the liver; and where any obstruction takes place, the stools are pale or whitish. The bile itself is of a deep yellow brown color, and, as Abernethy has observed, it is like wetted rhubarb; if either of these substances be put into a large quantity of water, they will dye it of a bright yellow color, which is actually the color of these substances, yet it is so concentrated in the mass as to appear of a deep

brown. Green bile is ordinarily the result of disordered function, although it has been occasionally found in the gall-bladder, where the liver is in a perfectly healthy state. Vegetables frequently give their color to the fæces. The peculiar fætor of the residue of the alimentary matter is acquired in the large intestines; and if the small intestines at their termination, and the large intestines at their beginning, be examined, there will be found almost a line of demarcation; to what this is owing we are at a loss to say. It is not alone a chemical decomposition that occurs, but the animal economy imparts a peculiar change. The examination of the fæces has been but little prosecuted; although a subject of some interest, it is one that requires great enthusiasm in the cause of science, and very little delicacy of the sense of smell, nay, the very perusal of some authors' inquiries is nauseating.

Lavoisier wrote a memoir on the nature of the aeriform elastic fluids, which are disengaged from certain animal substances during fermentation; his experiments prove that human excrement emits, at the temperature of 60 degrees, a gas, a mixture of eleven parts of carbonic acid gas, and one part of an inflammable gas, which burnt with a blue flame, and was, therefore, probably carbonic oxide gas; the experiments of Thenard and Dupuytren prove, however, that sulphuretted hydrogen is likewise exhaled from human fæces, collected in large quantities. The changes that take place out of the body by the action of the human air, appear to be very rapid. Fresh fæces do not effervesce with dilute sulphuric acid, but old moist fæces do, and emit the volume of carbonic acid gas which they at first do. The chloride of mercury appears to exercise over the action of the large intestines some power, as the gaseous exhalations materially differ when it has been employed, and this is particularly striking in children, the odor of the dejection being very materially influenced in them, and much more offensive fætor being the result, and this, in general, is a proof of the due action of the medicine, for the system, previously disordered, appears thus to rid itself of a deleterious agent.

Whether the extrication of the different gases be natural to the human body, or whether it be the result of our artificial habits of life, I will not presume to say. It is stated that our living on animal food is the cause of the greater number of the diseases to which man is subject, and that it also imparts to that which is excreted from man, the offensive odor; and certainly many animals that are herbivorous are inoffensive on that point, whilst carnivorous animals are the reverse; and some philosophers have entered upon some curious speculations arising out of these circumstances. Rousseau, indeed, draws a conclusion, that man is not calculated for the social state, because his excretions, his effluvia, and his emanations, are destructive to his fellow creatures. Whatever may be the means by which the inflammable air be extricated from the intestines, certain it is that great indications of the nature of the matter taken in by the mouth, and its effects upon the health, may be drawn from a knowledge of the odor evolved, and from correcting it by the administration of medicine. Disease commencing in the rectum and large intestines may often be recognized by the quantity of flatus evolved,

and unnatural diet will keep up an irritation which may prove very injurious.

Where the chloride of mercury is too irritating alone, it may very properly be combined with other remedies, and there is a pill which has long been known to the profession under the name of Plummer's pill, which has been found a most useful medicine. The *pilula hydrargyri chloridi compositi* is now made of chloride of mercury and oxysulphuret of antimony, each two drachms, of guaiacum resin powdered half an ounce, of treacle two drachms; the chloride of mercury is rubbed with the oxysulphuret of antimony, afterwards with the guaiacum resin and the treacle, until incorporated. There is an alteration of strength from the formula of other pharmacopœias, and the treacle which is now substituted for the mucilage renders the mass more difficult of rolling, and if it be done by the dirty and unseemly mode of forming the pill between the fingers, it leaves them in a very sticky, clammy state. The Edinburgh College was the first to introduce this pill into its pharmacopœia, the London followed the example, and it is a great favorite with many practitioners, and, in the dose of from five to ten grains, is most advantageously employed; it is generally called an alterative, but its efficacy in many complaints should place it amongst the more defined classes, and in some states it may be denominated a tonic.

REMARKS ON ENCYSTED TUMORS OF THE EYE-LIDS, WITH A CASE.

BY EDWARD J. DAVENPORT, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

ENCYSTED tumors or wens are very frequently met with in the eyelids, and are supposed to originate both in the meibomian glands and in the lax cellular texture which connects together the component parts of the palpebræ. Some persons appear to be particularly subject to these small tumors, and their occurrence may be connected, as in the case of the hordeolum, with some derangement of the *primæ viæ*. Sometimes several make their appearance in succession—one after another—either in the upper or lower lid; and at other times a number may occur simultaneously in the same lid and in groups, as it were. In some cases they are said to be congenital. In the commencement they are commonly not larger than a small pea, and, usually, it is only after a considerable time that they attain a much greater magnitude. Sometimes they reach the size of a common filbert. At times they increase more rapidly than ordinarily happens, and the integuments of the lids covering them become inflamed and of a bright red color; but not infrequently they remain stationary for months, presenting the feeling and appearance of small, hard tubercles, under the skin, which retains its natural hue. With respect to the seat of these tumors, relative to the different textures of the eyelids, it has been observed that they are generally much nearer the surface of the conjunctiva than of the skin, and that by everting the lid they are readily visible, by the yellowish color of their contents seen through the former membrane. According to Scarpa,

they often adhere so closely to the conjunctiva, that in attempting to extirpate them by dividing the skin, there is danger of piercing through the eyelid. For the above reasons, this celebrated surgeon recommended and adopted the method of removing these tumors from the internal surface of the eyelid, by making a superficial incision longitudinally through the conjunctiva and pressing out and excising them. When, as it sometimes happens, during the operation, the contents of the tumor escape either in a fluid or caseous state, it has not been found necessary to separate the whole of the cyst from the neighboring parts, for a portion being removed, the remainder will be loosened and thrown off by suppuration, or, it may be, is absorbed. A slight inflammation and swelling of the lid generally follow the operation performed in this way, but, for the most part, nothing more is required than warm fomentations, and in the course of four or five days a permanent cure is effected.

Mackenzie's treatment of these tumors consists merely in everting the affected lid, puncturing the cyst freely with a lancet and pressing out the contents. The mode pursued by Lawrence, is very similar. Those cases in which the tumor is so situated as to extend under the arch of the orbit, must present an exception to the above mode; to which may be added, those that are, beyond doubt, external to the tarsal cartilage of the upper eyelid. When they adhere to the cartilage, it is better to leave a portion of the tumor than to remove or materially injure any of the tarsus. When they are complicated with derangement of the digestive organs, from errors in diet or indulgence in the use of spirituous liquors, a mild alterative course of blue pill, with preparations of steel and bark, have been found beneficial.

Although encysted tumors of the lids do not, in general, excite pain, they often occasion much inconvenience and deformity: besides which, as observed by Mr. Middlemore and other writers, in some individuals they induce, by their irritation, a tendency to serious and painful attacks of *inflammation of the eyeball*. The subjoined case, a sketch of which I beg leave to communicate through the columns of the Journal, seems to be one of this character.

John Maguire, hand-cartman, æt. 30, of a light complexion and light blue eyes, has been subject of late to attacks of acute conjunctivitis. In August last, he states that he had a styne form on the lower eyelid of the left side. Some time previous he had a similar affection, and this was cured by the application of a *charm*, which consisted in pointing a thorn at the offending part a given number of times, and repeating each time a certain portion of the catholic creed. This, doubtless, would be quite as effectual as many of the prescriptions for this common complaint that, even at this day, stand high in popular favor and credence. The patient suffered but little inconvenience from the reappearance of the hordeolum. But early in April, of the present year, by the advice of Dr. Odin, he applied at the Boston Eye Infirmary, on account of an encysted tumor in the lower lid of the left side, and also another in the upper lid of the same eye. That in the lower lid had supplicated, as was indicated by the yellowish color and

prominence when the lid was everted. There were, also, redness and swelling externally. There existed, besides, a considerable degree of acute inflammation of the conjunctiva of the eyeball and lids, with pain and a sensation of roughness. He complained, likewise, of a feeling of stiffness and of weight about the eyelids. The conjunctivitis was of recent occurrence, and appeared to have arisen from the irritation occasioned by the enlargement and inflamed state of the tumors. The inflammation of the eye having been subdued, the lower eyelid was everted so as to cause the tumor to project as much as possible, and, with a hook and small scalpel, all the prominent part was removed and the lid returned to its place.

On the second or third day there was more tumefaction and redness of the lid; at the same time the surface of the wound assumed a whitish color, similar to what is seen on the eyeball after operations for pterygium, and there was an increased discharge of a purulent character. No inflammation of the ocular conjunctiva occurred. In a few days, the tumefaction subsided, the wound gradually contracted and healed, and the remaining portion of the cyst was removed by the process of absorption. In the month of May, this patient had a severe attack of inflammation of the left eye, approaching to *ophthalmitis*, or inflammation of both external and internal tunics. This was attributed by the patient to exposure to a cold and damp atmosphere, and it required for its arrest the most active depletion by the lancet.

Not long after the subsidence of this attack, another tumor appeared in the lower lid, near the site of the former. Almost immediately, it became inflamed and swollen, and was attended with pain and itching, and a bright redness of the skin over the tumor. The eye became somewhat irritated and uneasy, and was rendered more so, perhaps, by the exposure consequent upon his occupation, which his circumstances did not permit him to neglect. The right eye, also, became somewhat inflamed and tearful. This condition of things was not materially benefited by purgatives, and topical bloodletting could not be resorted to freely.

June 10th. A large portion of the wen-like tumor was removed, as in the former instance, from the internal surface of the eye-lid. The contents of the cyst appeared to be of a soft fleshy nature, a part of which was removed with curved scissors, the hook not retaining any hold on this substance. Not the slightest trouble followed the operation, and in the course of two or three weeks the remains of the tumor had disappeared and the eyes were restored to a sound state. Finally, the small, hard tumor in the upper lid is now scarcely perceptible. Whether this result has been hastened by the application (continued for some time) of the strong mercurial ointment combined with camphor, I am unable to say; but from my own experience, I cannot attribute much efficacy, in these cases, to local remedies.* Were it necessary, other cases might be cited, as evidence that the method detailed above of re-

* On this point Scarpa says—"The frequent unavailing attempts which I have made to obtain a resolution of these encysted tumors, on their first appearance, by stimulating lotions and local mercurial frictions, have convinced me that the only effectual method of curing the disease, especially when it has existed for some months, is the extirpation of the tumor."

moving these troublesome little tumors, is effectual, expeditious and free from danger.

No. 4 Winter Street, July, 1838.

COW-PARSNIP.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In this section of country the profession have always used the masterwort as cow-parsnip, for the cure of epilepsy, on the authority of Dr. J. Thacher, who has been considered *orthodox* with us.

After reading the communication in your Journal of June 6th, from our venerable friend Dr. O. Partridge, on the cow-parsnip, I was led to make some examination on the banks of the Connecticut river at this place, to see if I could find the plant described by him. I found it without difficulty, and in great plenty, with yellow blossoms, growing on a dry, sandy bottom. I asked the proprietor of the soil if he knew anything about the plant. He said his mother, who was a *medicine woman*, and came from Hadley, Mass., about 60 years ago, said it was called in H. cow-parsnip, and was good for fits, and that she gave it to his brother who was troubled with them. This agrees with Dr. P. as to the name in that vicinity, as I believe that Hadley and Hatfield join.

I send you two bundles of the plant, one taken in June, while in blossom, the other the 14th of this month, in seed. S. A. T., of Cambridgeport, can examine them at your office, and satisfy himself as to the botanical character, &c. of the plant.

Lyme, N. H., July 16, 1838.

Yours,

C. B. HAMILTON.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 1, 1838.

ALBANY MEDICAL COLLEGE.

WITHOUT knowing any of the facts in relation to the organization of the newly created medical institution in the City of Albany, we can only guess it to be properly and legally devised, from the circumstance that Drs. March, Armsby and others, whose names are familiar to the profession, belong to the board of faculty. Whether it is a private enterprise, or has been recently incorporated, or is connected with Union College, we have not ascertained. Whether it is one or the other, it is a matter of some consequence to look into its probable future prospects. In the first place, there is a medical school in the City of New York, greatly fallen, it is true, from its first estate; and it is fair to presume that another is already incubating there by the restless spirits in that great focal point. Next, in the new University of the City of New York, a medical department has recently been created and two appointments made, with a view to commencing a regular course of medical lectures in

about one year from November. At Fairfield is another, which is really an old and well-patronized College of Physicians and Surgeons, at which some of the very best practitioners of physic and surgery in the State of New York were educated. Again, at Geneva, is a medical college, having an efficient and talented faculty, and the course of instruction popular and judiciously pursued. All these are in the State of New York. True, it is an empire State ; but the people must do something besides educate physicians. Only thirty-six miles from Albany, on the west, is Berkshire Medical College, which has been sustained with distinguished success for many years. It would seem, therefore, that a school at Albany would either suffer from want of nutrition, or at once swallow up the other schools in the neighborhood—which are the Fairfield, Geneva, Berkshire, Castleton, and, perhaps, Woodstock. The latter, however, may be considered rather beyond the reach of its influence, but the others are not, and they will not, probably, be unaffected by the establishment of the Albany Medical College. At Rochester, also, there is an incipient medical school, possessing a vast deal of latent power, and the wonder is why it has not sooner taken the position that it might have had two years ago, and which it may have at any moment, when its managers choose to show its colors.

By the last papers, the announcement is made of Dr. David M. Reese, of New York, to the chair of Theory and Practice, at Albany. Dr. March has the chair of Surgery, and Dr. Armsby that of Anatomy. The two last named gentlemen are thorough-going, independent pioneers—well acquainted with the particular duties devolving upon them in their respective chairs. Dr. Armsby is indefatigable, and, withal, possesses an admirable tact for teaching. We hope that some competent person will soon furnish an account of the origin and the ultimate designs of the new institution.

Jefferson Medical College.—The last number of the American Medical Library says that, “Under the new charter and organization of that institution, all the officers ceased to exist as such, except the old trustees, who were continued by the new charter. It became, therefore, necessary to appoint professors to the vacant chairs. All the former ones were accordingly re-elected unanimously.” A hope is entertained that the circular will be forthcoming. The Jefferson College is spiritedly conducted, and is, therefore, a favorite with us.

Laceration of the Iris.—It must have been a mistake in the editor of the American Medical Intelligencer—altogether a mistake—not to have given credit to this Journal for the excellent article on laceration of the iris, by our correspondent Dr. Davenport, who is one of the best writers on diseases of the eye, in the Northern States. Had we not been at the extra trouble of procuring a colored plate to illustrate the case alluded to, perhaps there would have been less necessity for reminding our cotemporary of its remissness in this instance.

Remarkable Case of Dropsy.—From Dr. Dunglison we learn that M. Borgialli had a patient who, being thin and spare in habit, in her thirty-third year suddenly became corpulent. From grief, watching, &c. she

was reduced in size, but dropsy finally supervened, and in 1829 it became necessary to perform the operation of tapping, and one hundred pounds of water were drawn off. At intervals, up to 1834, she was tapped forty-five times. Ultimately, this woman recovered, but not till after the prodigious quantity of *four thousand five hundred* pounds of water had been drawn from her body with a trochar.

Dr. Burdell on the Teeth.—Not a single copy of this popular essay was on sale last week, in Boston. Mr. Ticknor had calls for it, but the New York publishers had not made any provision for this market. As a general rule, the publishers south of Boston pay no sort of regard to the wants of medical readers at the north; and yet all Maine, New Hampshire and Vermont look to Boston, ordinarily, for the new works on medicine and surgery, without reference to the place of their original publication.

Dissections in Paris.—It has been assumed by a writer on medical statistics, that as many as one thousand to fourteen hundred bodies are annually dissected in some of the great anatomical theatres of Paris. This number probably exceeds, by more than five hundred, all the dissections in the United States in the same period of time. Although there are twenty-three medical schools in operation, and two or three new ones about being organized, the law of the different States, with a few honorable exceptions, throws obstacles in the way of every effort to increase the stock of anatomical knowledge.

Plica Polonica.—There is a very strikingly-marked case of this disease in the London Hospital, in a German Jew, admitted under the care of Mr. Luke, with fractured ribs. The plaited hair extends in two broad bands from the crown of the head to the length of between two and three feet on each side, studded with pediculi. The old man appears to entertain a perfect veneration for these ornamental adjuncts to his cranium, and upon being questioned by Mr. Luke as to his willingness to allow them to be shaved off, refused to permit it even for “five thousand pounds;” but, on a future day, a little persuasion altered his determination, and he was shorn of his exuberant locks. Perhaps the knowledge that a smaller one was rapidly forming had some share in overcoming his scruples. They were immersed in spirit in order to destroy the pediculi, and now adorn the museum of the Hospital, instead of forming a receptacle for the filth and vermin of the old German’s head.—*Lancet*.

Animal Magnetism.—Dr. Sigmond, the talented lecturer on *Materia Medica* and *Therapeutics* at the Windmill Street School of Medicine, London, has joined the magnetizers. Some interesting observations on the subject, with a curious case, have been published by him, from the concluding part of which, we copy the following.

“It is upon the respiration that my efforts are directed, and the principle is precisely that which is called “stealing the breath away;” besides which, by the undulations of the air caused by the movements of the hands, an unusual cold is produced, which very much assists the effect.

The art seems to me to consist in obliging the individual again to inspire, by the nostrils, the carbon he has already expired, whilst the currents of air caused by the extended fingers produce some effect upon the facial nerves, thus inducing the eyelids to fall down. Association of ideas is very strikingly evinced by those who have been once magnetised, for then the slightest quantity of manipulation is necessary; the patient evidently having acquired a habit of inhalation by the nostrils. It is from the centre of the nose downwards that the effect is most speedily induced, and the drawing of the hand downwards from the brow, so as to effect the eyes, I find to be quite unnecessary towards producing the effect. I do not consider the process I have employed by any means perfect; and I have little doubt, when the attention of the profession is drawn to the subject, that considerable improvement may result; at the same time I am persuaded that the manipulations may be the cause of very great alarm. I have now exercised this art upon nearly a hundred persons, and with very general success in the fairer part of creation; I have quieted delirium and given sleep where it has been for many nights vainly solicited. I am very anxious that the members of the profession should try the same process. I think the subject very well worthy investigation, and that it may throw some light upon the phenomena observable during sleep."

First Medical Degree conferred in America.—In the year 1768, a medical school was commenced at New York, in connection with Columbia College, in which Drs. Closy, Bard, Jones, Middleton, Smith and Tenant constituted the faculty. In 1769, the degree of *bachelor of medicine* was conferred upon Samuel Kissam and Robert Tucker. In 1770, Dr. Tucker received the degree of *doctor in medicine*. This was the first time it had ever been conferred in America. William Bull, son of the Lieut. Governor of South Carolina, was the first white person born in that State, and the first American who took the degree of M.D., which he received at Leyden, in 1734.

Medical Miscellany.—A machine for setting fractured or dislocated bones, called an octeotometer, has been invented by Dr. Heine, of Wurtsburg, and exhibited in St. Petersburg.—The number of deaths in the City of New York for the week ending Saturday the 21st ult., was 153, being 76 less than during the week previous.—In Detroit, which contains 10,000 inhabitants, only one interment (a child two days old) took place during the week ending July 7th.—The Legislature of New Hampshire has appropriated \$15,000 for the education of the Deaf and Dumb—\$15,000 for the Blind, and have appropriated thirty shares of the capital stock of the New Hampshire Bank, the property of the State, to the erection of an Asylum for the Insane, to be made over to an association formed for the purpose, whenever they shall exhibit to the Governor satisfactory evidence that the sum of \$15,000 has been raised for the same object from other sources.—Dr. N. R. Smith's acceptance of the chair of Theory and Practice, in the Transylvania Medical School, has been publicly announced. He will only remain at Lexington during the lecture term.—Assistant Surgeons, Benjamin King, Charles S. Trippler, Philip Maxwell, Henry H. Heiskill, Charles McDougall, Burton Randall and Nathan S. Jarvis, have been appointed Surgeons in the Army of the United States.



DIED.—In South Orange, Mass., Dr. William Brooks.—At New Orleans, in consequence of a fall from a window, Dr. Quin, a native of Ireland.

Whole number of deaths in Boston for the week ending July 28, 40. Males, 19—females, 21.

Consumption, 8—infantile, 3—cholera infantum, 6—cancer of the uterus, 1—cancer of the breast, 1—old age, 1—child-bed, 1—hooping cough, 1—dropsy, 1—apoplexy, 2—water in the chest, 1—hemorrhage of the lungs, 1—dysentery, 1—brain fever, 1—croup, 1—scarlet fever, 1—stillborn, 1.

HARVARD UNIVERSITY—MEDICAL LECTURES.

The Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by	- - - - -	Dr. J. C. WARREN.
Midwifery and Medical Jurisprudence, by	- - - - -	Dr. CHANNING.
Materia Medica and Clinical Medicine, by	- - - - -	Dr. BIGELOW.
Principles of Surgery and Clinical Surgery, by	- - - - -	Dr. G. HAYWARD.
Chemistry, by	- - - - -	Dr. WEBSTER.
Theory and Practice of Physic, by	- - - - -	Dr. WARE.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

WALTER CHANNING,

Dean of the Faculty of Medicine.

Boston, July 23, 1838.

Aug 1—tN

INFIRMARY FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, &c.

At 65 Belknap Street, Boston.

PATIENTS from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

George Hayward, Edward Reynolds, Jno. Randal, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

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BERKSHIRE MEDICAL INSTITUTION.

THE annual Course of Lectures for 1838, in this Institution, will commence on the 23d of August (the last Thursday but one in the month) and continue thirteen weeks.

The pre-requisites for admission to an examination for the Degree of Doctor of Medicine are, three full years' study under a regular practitioner of medicine; attendance on two full courses of medical lectures, one of which must have been at this school; a defensible thesis on some subject connected with medical Science; an adequate knowledge of the Latin language, and a good moral character. Gentlemen who intend to present themselves as candidates for a Degree are particularly requested to procure full and formal certificates of time.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead from all violation.

Theory and Practice of Medicine, by	- - - - -	HENRY H. CHILDS, M.D.
Botany, Chemistry and Natural Philosophy, by	- - - - -	CHESTER DEWEY, M.D.
Principles and Practice of Surgery, by	- - - - -	WILLARD PARKER, M.D.
Materia Medica and Pathological Anatomy, by	- - - - -	ELISHA BARTLETT, M.D.
Obstetrics, by	- - - - -	DAVID PALMER, M.D.
Anatomy and Physiology, by	- - - - -	ROBERT WATTS, JR., M.D.
Legal Medicine, by	- - - - -	HENRY HUBBARD, Esq.

Fee for the Course of Lectures, \$50. Fee for those who have already attended two full courses at an incorporated medical school, \$10. Graduation fee, \$18. Fellows of the Massachusetts Medical Society, and others who have received the Degree of Doctor of Medicine, are admitted gratuitously to the lectures.

R. WATTS, JR., Dean of the Faculty.

Pittsfield, Mass., 20th June, 1838.

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MEDICAL INSTRUCTION.

THE subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

JOSEPH H. FLINT.

Springfield, January, 1838.

Jan. 17.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance or satisfactory reference.—Postage the same as for a Newspaper.

